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With Author's postscript



AN ESSAY
ON
SPERMATORRHŒA.



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AN ESSAY
ON
SPERMATORRHŒA,
AND
URINARY DEPOSITS;
WITH
OBSERVATIONS
ON THE
NATURE, CAUSES, AND TREATMENT
OF THE VARIOUS
DISORDERS OF THE GENERATIVE SYSTEM.

Illustrated by numerous Cases.

BY
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LATE PHYSICIAN TO THE INSTITUTION FOR THE
TREATMENT OF CALCULUS, DIABETES AND THE
VARIOUS DISEASES OF THE GENITO-
URINARY SYSTEM.

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DEDICATION.

TO M. LALLEMAND,

PROFESSEUR À LA FACULTÉ DE MONTPELLIER, MEMBRE CORRESPONDANT
DE L'INSTITUTE, ETC., ETC., ETC.

MY DEAR SIR,

Were I not actuated by the recollection of the benefits conferred upon me while your pupil, the high position to which your researches upon the subject of this essay have raised you, would naturally point you out as the fittest person for its dedication. I therefore trust, in offering you this testimony of my admiration, respect and esteem, that you will receive it also as an humble, but sincere and grateful acknowledgment of the many favours your kindness has conferred upon me.

Believe me,

My dear Sir,

Yours most sincerely,

RICHARD DAWSON.

15, FINSBURY CIRCUS,
LONDON.

EXPLANATORY OBSERVATIONS.

TWELVE years ago, I directed the attention of the profession to the injurious effects of seminal discharges upon the constitution. At that time, the nature and causes of spermatorrhœa had hardly attracted the notice of the qualified practitioner; I therefore fully explained the mode of treatment so successfully practised by Lallemand in France, where, as his pupil, I had, for a very considerable time, opportunities of daily witnessing its efficacy. His method of treatment being so contrary to that which I had seen adopted in this country, and the results proving so much more efficacious, it at once attracted my notice, and induced me to give the subject my most attentive consideration.

I had seen the disease treated in the several hospitals in England, where it was regarded simply as a consequence of general debility; and the remedy invariably resorted to was the tincture of iron.

My first endeavour was to shew, that this disease is not always produced by the same cause; but that, in many cases, it originates from very different sources, and that its treatment requires to be varied and altered so as to meet the peculiar circumstances of each case.

When the first edition of this essay issued from the press, it was much more difficult than at present to prove by ocular demonstration the actual existence of the disease in question; but the recent improvements in the construction of the microscope have rendered its detection certain.

I am perfectly aware that the subject upon which I have written is still avoided by many scientific members of the profession, in consequence of the odium attached to its investigation, caused by certain unprincipled persons making it a means of extortion and fraud.

Hence many medical men, with whom I am personally acquainted, have, from cases which have come under their own immediate observation, expressed themselves fully satisfied of the importance and utility of such inquiries, but have declined to bestow that attention which the subject deserves, from the fear of being associated with the persons referred to. Various means have been proposed for putting an end to these dishonest practices; but none, I regret to say, have been found sufficient to prevent them. It is thought, by those best informed on the subject, that so long as their advertisements get admitted into the daily papers, no method can prove effectual, unless similar means be adopted of informing the public of the absurdity of their pretensions.

I have been repeatedly requested to publish this essay in a cheaper form, but have hitherto declined doing so, under the impression that my motives might be misconstrued; neither should it now appear in its present shape, were I not, from other sources, independent of my profession.

In consequence of being the first in England who directed attention to the special treatment of this disease, I have been consulted by a very large number of patients suffering from this affection; and I feel certain that much of the misery which I have been called upon to remove, might have been prevented, had the medical practitioner been acquainted with its nature; and I shall not consider my time misapplied, if I can be the means of effecting this purpose, and of removing the odium hitherto attached to the treatment of this disease.

RICHARD DAWSON.

15, FINSBURY CIRCUS,
LONDON,
August, 1852.

A PRACTICAL ESSAY
ON
SPERMATORRŒA.

AMONG the many works so constantly issuing from the medical press, replete with the most ingenious speculations, and enriched with principles founded upon the closest and most attentive observations, it unaccountably happens, that none have been specially devoted to the subject which constitutes the principal matter of the following pages. Indeed, it would seem not very inconsistent to infer, that, in reality, no such diseases ever existed, as otherwise they could hardly have escaped the inquisitive vigilance of modern medicine. Strange, however, as this may appear, such diseases not only prevail, but to an extent hardly to be credited, unless by those who have devoted themselves exclusively to inquiries upon the subject. It is true that sexual debility is noticed in systematic works upon the practice of physic, but in so vague a manner, that we derive scarcely any information from their perusal. "Indeed," says Curling, "the little information we possess respecting it, is chiefly to be found

under the head of Impotency in works on medical jurisprudence, in which it is cursorily considered, principally in relation to points of medico-legal interest, and scarcely at all in reference to practice."

In a practical point of view, the sources of information in this country may be regarded as an absolute nonentity. Nor has this dearth been passed over without heed or complaint. Dr. Smyth, in a paper on Impotency, published in the *Lancet*, August 28, 1841, observes: "It is a subject not less interesting to the moralist than to the medical practitioner; and it really is surprising to see that nothing worthy of notice is to be found on a matter so important in the various writings of standard authors. This circumstance appears remarkable and unaccountable, when experience convinces us that sexual weaknesses and imperfections, either hereditary or acquired, constitute the great majority, perhaps nine-tenths of the causes of nervousness, mental imbecility, and derangement. How then are we to account for a fact like this—a fact of such frequent occurrence, and so highly philosophic and instructive as it undoubtedly is—having obtained so little attention? Can a general feeling of ill-exercised tenderness towards the depraved habits of most of the pitiable sufferers have operated in preventing the matter from having been duly investigated, and candidly avowed and discussed; or has it resulted from ignorance? The former we are disposed to think can scarcely have been the case; for with the medical practitioner, less frequently, perhaps, than with any other professionalist, from the confidence so readily reposed in his calling, does delicacy or prudery supersede utility."

Perhaps the neglect with which practitioners have treated the subject of Impotency may be explained by the fact, that unless in the case of physical defects, we

had no means of detecting such cases, nor were we capable of distinguishing them from the ordinary derangements of health. It is to the MICROSCOPE, that we are entirely indebted for the new light thrown upon this disorder. The discovery of the *spermatozoa* naturally led to the inquiry, what was the object of their existence in the spermatic fluid? Their presence in the seminal secretion of all animals proved that they were essential, and philosophy soon cleared up the mystery. Hence, the presence of these animalcules in the urethral discharges, and in the urine, furnishes means for the diagnosis of this hitherto most obscure and intricate form of Impotency.

My attention was directed, at an early period of my professional career, to the nature of the disease about to be considered, and to the many changes it produced in the structure of the more important parts of the procreative system. Although in some degree familiar with the symptoms and character of these affections, and with their train of miserable associations, yet it was not till after a sojourn at some of the Continental schools, particularly in France and in Germany, that I became more intimately acquainted with their nature. I then felt convinced, that many of the patients whom I had seen treated during my pupilage, and whose cases had baffled some of the most celebrated physicians and surgeons in England, suffered from this disease. The unhappy termination of the following case was one of the principal reasons which induced me to direct my attention specially to this subject.

One of my earliest friends, a gentleman endowed with great natural talents, and to all appearance possessed of considerable mental vigour, for some years had been suffering from a discharge from the urethra, so obstinate as to

resist all the means adopted for its removal. He also experienced pains in different parts of the body; and, notwithstanding the very active treatment employed, no permanent benefit was obtained. About this period I left England, and in consequence lost sight of him for nearly six years.

A medical practitioner in the neighbourhood where my friend resided, communicated to me the following particulars:—

He stated that he had been consulted by this gentleman, who complained that he had lost all desire whatever for sexual intercourse, which he attributed to the circumstance of some person having removed the vital part of the testicle, while he was under the influence of mesmerism! Not only the improbability, but the absolute impossibility of such an occurrence was explained, and urged upon him; no further investigation, however, appears to have been instituted. I subsequently learned, that some few months after the occurrence above mentioned, the symptoms increased, and it became necessary to place him under restraint. This case made a very strong impression upon me; and I cannot help feeling that it is a striking instance of the influence of involuntary discharges upon the mind; and that, had such a view been taken at the commencement, and the case treated accordingly, the melancholy catastrophe might have been averted.

Patients suffering from this disease frequently exhibit a peculiarity of disposition; and their general deportment undergoes a remarkable alteration. They are extremely irritable, become fretful, peevish, and discontented; and their appearance indicates a marked degree of melancholy. Such persons are far from being courageous, nor are they easily excited to anger, even by those incidents

which, under other circumstances, would have aroused their indignation. On the contrary, they are timid, fearful, and apprehensive, and endure injuries which they have neither the spirit nor the courage to resent.

Very frequently, if such patients be subjected to proper examination, they will be found suffering from nocturnal or diurnal pollutions. What I wish to be understood by "*diurnal pollution*" is, the escape of seminal fluid when the patient is *at stool*, or when he *empties the bladder*.

When seminal discharges occur constantly while passing water, or during a stool, Lallemand remarks that:—"These patients soon become ill, their most intimate friends are ignorant of the cause of the various disorders they complain of; the medical man who possesses their confidence is not better informed, for even the patients entertain no suspicion of the real nature of their complaint. Hence their indisposition is set down to ennui, tendency to melancholy, or to hypochondriasis. When their disease assumes a more serious aspect, then the constitution is said to be delicate, impressionable, or unhealthy; and they are looked upon as *malades imaginaires*. They are reproached with too much care of themselves, or an over-fondness for medicine. Medical men, in extensive practice, tire of hearing the tale of so long a series of unintelligible and inexplicable maladies, and rid themselves of such patients by recommending them to travel, or to obtain a change of air. Charlatans plunder them; officious friends advise marriage, or some sort of occupation to fill up the void in their existence; but all blame them; because no one really comprehends the nature of their disorder. Unfit for any serious occupation, and incapable of deep reflection, they become dissatisfied with themselves, and still more so with others. - Absorbed in

one sole thought, they return incessantly to their disease to seek for the cause of their lamentable condition, and soon become misanthropical."

I have generally found unnatural seminal discharges accompanied with increased appetite, owing to the necessity which the system feels, of compensating the daily losses which it sustains, and of counteracting the excitement of the genital organs; sometimes this occurs to such an extent that the appetite may be said to be voracious. Masturbation often produces similar effects. The digestion, however, at last becomes impaired, but still these patients force themselves to eat, expecting to recruit their strength by an abundance of succulent food; or they may feel a real appetite. Their feeling, in this latter case, is not that of hunger, but a sense of gnawing, uneasiness, or sinking; such patients resort to stimulating food, which only increases the difficulty and pain of digestion, by aggravating the irritation of the stomach. The momentary pleasure or relief obtained by brandy, or other stimulants and cordials, often entails hours of misery and suffering. Hence, sympathetic affections of the heart and liver frequently result, more especially when the irritation has been prolonged. The bowels become constipated and distended with wind.

The symptoms, however, vary in different individuals, and even in the same individual on different days. In the advanced stages, constipation becomes established,—a condition which greatly aggravates the mischief, by producing abundant daily discharges. Notwithstanding, the patient frequently looks healthy, and sometimes even robust; a close investigation shows that this apparently good health is readily disordered by the most trifling causes. Lallemand observes:—"The persecution of the friends and relatives of such patients only aggravates

their misery, by recalling to their recollection the bitter truth which they are unwilling to own. Often have I heard such persons exclaim, 'Oh, that I were thin and yellow, that I had the appearance of a sick person; then I should be pitied, and allowed to follow my own inclinations!' " I have met with many similar cases. In more advanced stages of the disease, *the veins of the testicles* become varicose; and impart a sensation to the touch as if the scrotum contained a number of thick *hardened cords*.

Another very frequent symptom of this disease, is a constant desire to pass water. This is accompanied with irritation, and a considerable difficulty in completely emptying the bladder. There is occasionally obstinate costiveness; frequently bleeding from the anus, and what the patients themselves term blind piles.

If the patient has masturbated from an early period, dark circles are frequently observed round the eyes; the whiskers and beard are stunted in their growth, and the face is covered with a thin downy substitute. Baldness is also a common symptom. It is pleasing to observe how *much* the hair is strengthened, when the seminal drain upon the system has been arrested. The absorption of this fluid into the system appears to afford nourishment to the roots of the hair.

Stammering is not a very unfrequent accompaniment of spermatorrhœa, especially in young persons. Indeed, various alterations occur in the voice, which can be readily traced to indulgence in masturbation. It loses its sonorousness, and its natural force and power, and is replaced by a shrill, squeaking, effeminate tone; which with the general appearance, suggests the idea of a eunuch.

A careful inquiry into the history of such cases often

elicits, that at an early age the patients suffered from incontinence of urine, and were frequently punished for soiling the sheets. It is much to be regretted that parents are not better informed upon such important matters, in which the welfare of their children is so seriously involved. Indeed some of the worst cases of sexual debility I have treated, were those of patients who had suffered during childhood from irritable bladder. With such the nightly discharges of after-life are frequently intermixed with blood; the urine copious, watery, and of low specific gravity; and these patients in mature age evince a remarkable dislike to the opposite sex. It is true they had indulged, to a great extent, in certain mal-practices, acquired at school, till they had brought on partial impotence.

Many patients of this description attempt to account for their dislike to females by attributing it to the beatings they had received in early life, in consequence of suffering from irritable bladder; but I am more disposed to set it down to the consciousness of their partial impotency; the erections being sufficient only to permit masturbation, but not powerful enough to enable them to enjoy natural connexion. Very many have informed me, that having been repeatedly disappointed during connexion, in consequence of the seminal discharges taking place too soon, they surrendered themselves in despair to unnatural excitement. In such cases, the testicles for the most part are much smaller than usual.

Since the publication of a former edition, I have met with a great many cases of deafness, which appeared, in some measure, to result from spermatorrhœa; for in many of these instances the patients, after they were cured of the seminal discharges, regained their hearing. At first I attributed this to accident; but more extensive

experience has satisfied me that there is *some connection* between the two disorders.

Epilepsy is a frequent consequence of masturbation; and often appears during the course of long continued seminal discharges. I have treated a great many cases of this description; and, not long since, a most interesting one in conjunction with Dr. Neill of Aldersgate-street. The patient had been under the care of some of the first physicians and surgeons in London; yet, strange as it may appear, the cause of the disease had never once been suspected, although a mere superficial examination into the condition of the urine afforded ample evidence of its nature.

I have another remarkable case of a similar kind under my care at this moment. The patient had been for some years, subject to what he called a gleet; he seldom went with a female without contracting what his medical attendant believed to be a "bastard clap." The discharges were attended with scalding and considerable irritation in the urinary passages, accompanied with a constant desire to pass water. To put a stop to such suffering, he was strongly recommended *to marry*, an advice which he followed, not without some hesitation; for he had previously suffered from considerable debility. He succeeded, however, in consummating the marriage; but, during the night he was, for the first time, attacked with an epileptic fit; which recurred at intervals up to the time of his calling upon me.

I have repeatedly had cases under treatment, in which there has been partial paralysis of the lower extremities, caused, in a great measure, by excessive seminal discharges. There is one peculiarity in this form of paralysis, by which it may be readily distinguished from the true or genuine disease. Patients afflicted with the

first form can always walk best when alone or with their more intimate friends. But in the presence of strangers, or when they suspect that they are observed, they have great difficulty in moving without assistance.

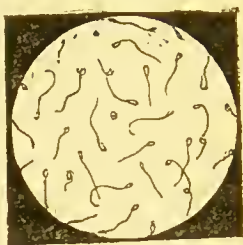
Vision is frequently impaired when the patient has been suffering for any length of time from seminal discharges. The eyes look dull, watery, and heavy; black spots seem to float before them, and the pupils become dilated. Such persons are incapable of looking at a stranger full in the face. Masturbators become alarmed when the sight is much injured, which frequently prevents them from indulging further; indeed many of my patients have assured me, that disordered vision was the first sign to warn them of the evil effects of masturbation. By discontinuing the practice, they got much better.

Many of the symptoms I have just enumerated will be found present when the patients are suffering from confirmed sexual debility. They must not, however, be entirely relied on, for I have also found many of them present when the patient has been suffering from disease of a very different character.

There is, however, always one constant symptom when the patient is suffering much from sexual debility, and that is, a disordered condition of the genito-urinary system. If this be enquired into, we shall find evidence sufficient to satisfy us of the nature of the complaint. A discharge from the urethra of a thin watery fluid, will be observed, which is increased in quantity after a *hard stool*, or when the patient is in the *society of females*. The *linen* in these cases is occasionally stained. But the stain is white, and more like that from diluted albumen or *white of egg*. Examined by the microscope, the seminal

character of the fluid is placed beyond the possibility of doubt. It is a fact, well known to physiologists, that the semen in the male abounds in minute animalecules, called "*spermatozoa*," the shape and active movements of which the microscope alone can disclose to our view. They present the appearance of flattened ellipses each terminating in a kind of thread-like spiral tail, as shewn in the diagram No. 1.

No. 1.

*Perfect Spermatozoa.*

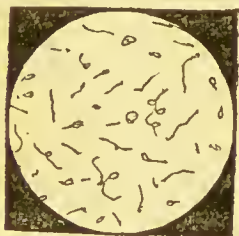
The advantage of attending to this will appear from the history of the following case:—

The friends of a gentleman preparing for the Church, consulted me respecting the state of his mind. They observed that his memory had become much impaired, and his intellect seriously affected. He had latterly evinced a distaste for all those amusements which he formerly enjoyed; and had taken an utter dislike to females. He repeatedly declared that he envied the man who cleaned his boots, and wished it had fallen to his lot to be the servant. He distorted the most trifling incidents, and magnified to the utmost every disappointment or vexation, however trifling in its nature. He became morose in his temper; suspicious in his disposition; haggard and sickly in his appearance; wild and vacant in his look, which, together with all the marks of a completely broken-down constitution, induced his friends to think seriously of placing him under some restraint; and it was at this period that I was applied to.

I was informed that, in consequence of the symptoms from which he suffered, resembling at one time those of an affection of the heart, at another of the lungs, the stomach, the head, etc., he had undergone for several

months the varied routine of treatment for these different disorders, without deriving any permanent benefit. Upon inquiry, I learned that, for some time, stains of a peculiar description had been constantly observed upon his linen; and his father looked upon this as the effect of some illieit intercourse which, preying upon his mind, might be the true cause of his mental and bodily infirmity. On examination, I found the urine remarkably pale; specific gravity 1.009, and its state in every respect very unhealthy. But the most decided appearance was, that the seminal animalcules abounded in the secretion. When a portion was transferred to the field of the microscope, they were seen in a sort of thin wheyish-looking fluid; they were also found in the stains upon the linen, very few of them being in a perfect state, and the tails of most of them broken off, as may be seen in the following diagram, copied from a specimen collected during attendance upon this case.

No. 2.

*Imperfect Spermatozoa.*

Being thus acquainted with the nature of the case, and the real cause of this gentleman's melancholy condition, I told his friends that I entertained some hopes of his being cured; but they had so frequently heard the same thing, and been so often disappointed, that they were unwilling to enter upon any fresh scheme, as they termed it. However, upon a somewhat more open explanation, their reluctance at last gave way.

I informed the patient that if he steadily adhered to my instructions, he would ultimately regain his health and strength. I then told him that I had ascertained the real cause of his illness, and delicately hinted to him my suspicions of its nature. At this, however, he was

very indignant; protested most solemnly that he had never indulged in any practice of the sort; and denied having ever done anything calculated to induce a disease of this description. I urged, however, the unerring nature of the investigation, announced the appearance of the spermatozoa in his urine, and lastly, I contended that the *stains observed on his linen*, and the presence of those animalcules in a mutilated state in the fluid of these stains; left no room whatever to doubt the nature and cause of his debility. It was finally arranged that he should be placed under my care.

I adopted the treatment recommended in another part of this volume, which was ultimately attended with success. The discharge which invariably followed the emptying of the bladder, or the evacuation of the bowels, and also the oozing from the urethra, after a short time gave way, and at length disappeared. The general health greatly improved, and was completely restored in about five months, when he left town to resume his studies at Cambridge.

After the lapse of several months, this gentleman again consulted me, of his own accord, stating that some of the former symptoms had returned. The treatment previously pursued was adopted, but not with the same advantage; and I at length began to suspect that he was again resorting to his former habits. I now directed the *unguent. antimon. potassio-tartrat.* to be rubbed on the penis, till the usual eruption was brought out; the irritation prevented any further indulgence, the part being so sore that he could scarcely endure the slightest touch. The use of the ointment, so as to keep up the necessary irritation, was continued for about six weeks, during which period his general health greatly improved, the discharge from the urethra ceased,

all the bad symptoms vanished, and his health remained completely re-established for a considerable time. Fearing, however, that he might again abandon himself to his former practices, I strongly advised marriage, observing that he would thus substitute a natural excitement for a ruinous indulgence. He fortunately followed this advice; and he now has a family, and is in good health.

This patient since confessed to me, what nothing could induce him to admit before, that my view of the nature and cause of his disease was perfectly correct. That he had so addicted himself to masturbation, he found it utterly impossible to resist the temptation, though fully sensible and thoroughly convinced of the ruin which he was bringing upon his constitution. He assured me that he more than once contemplated suicide.—This case is interesting, as showing the ascendancy which these habits sometimes acquire over the resolution.

When this disease has existed uncontrolled for several years, and the patients are advanced in life, many of the symptoms of apoplexy supervene; although upon a post-mortem examination the brain may be found perfectly healthy. The following case occurred to me many years ago:—

In June, 1842, I was sent for to visit a gentleman residing in one of the northern counties of England, who, it was supposed, was suffering from an affection of the brain. Coma, however, had set in before I arrived, and he died in a few hours after. From his medical attendant I received the following history:—

For two years before his death, the health of this patient, which had been declining for some time, gave way rapidly. He had a discharge from the urethra, which was much increased in quantity when-

ever he passed water or a motion; there was total *anaphrodisia*; with a haggard, pale, and peculiar expression of countenance, which, with several other circumstances related, induced me to suspect the presence of the disease under consideration, and to look upon the affection of the head as a *secondary*, and not the *primary* disorder. I cannot describe the condition of the brain, nor indeed of any other of the internal organs, as the friends would not permit me to inspect the body; which, had they done, I feel satisfied that the genito-urinary system would have presented the most marked morbid appearances. He had taken *copaiba*, *cubebs*, and a variety of diuretics and astringents, and had also used injections for the urethral discharge, but without any benefit; what I looked upon as the most certain characteristic of his condition was, that having obtained a small quantity of the discharge from the urethra upon a glass slide, and placed it in the field of the microscope it was found to *contain spermatozoa*. I unfortunately could not procure any of this patient's urine.

The influence of this disease upon the brain, is well attested. Nor is it the brain alone which becomes involved. Lallemand states, it was from the number of patients who consulted him for supposed mental affections that his mind was more particularly directed to the study of pollutions.

Dr. Smith is of the same opinion, and thus expresses himself:—"The constant association of sexual disorder, and more or less of generative incapacity with mental derangement, whether cause or effect, is a remarkable fact, and one which appears to me not generally known; yet, I will venture to say, that every insane individual, whether male or female, is at the same time also suffer-

ing from some sort of procreative disability, defect, or disorder, either impotency, sterility, or both, and the removal of the one affection would often seem to prove immediately curative of the other."*

Since former editions of this essay, several opportunities have been presented to me of examining minutely the condition of patients (inmates of asylums), suffering from various degrees and kinds of *mental* aberration. It is a very singular and remarkable fact, that the urine of a large majority of the males, on examination, was found to contain spermatozoons. This seems to prove an intimate connection between mental affections and spermatorrhœa, which I think will be confirmed by the history of the following case.

The patient gave me the following account:—He had suffered repeatedly from attacks of gonorrhœa, which always proved most obstinate and difficult of cure. Upon each occasion, he found it necessary to submit to medical treatment for five or six months, before the discharge from the urethra could be stopped. Upon several of these occasions, he suffered from swelled testicle, the last attack having produced a most irritable state of the bladder; compelling him to pass water much more frequently than when in health—sometimes seven or eight times in the day, and obliging him to get up continually during the night to pass water, which generally deposited a whitish sediment, but occasionally left a reddish stain upon the utensil.

His general health was remarkably good, complexion florid, and his appearance in every respect healthy; but he at last became conscious of *involuntary emissions*. The constant desire to empty the bladder; the irregular

* Smith's Miscellaneous Contributions.

and involuntary seminal discharges; the desire and power for sexual intercourse gradually declining, and the incapability of erection, induced him to consult some of the most eminent men in the profession; many of whom treated him as a *hypochondriac*, assuring him that his symptoms were only *imaginary*, and that his recovery would be almost immediate, if he could but cease to brood over his visionary complaints. Others again directed sedatives and tonics, which relieved for a time, but no sooner were they discontinued, than the symptoms became as bad, or even worse than ever.

At the time he became my patient, the general symptoms were much as detailed above. I found the urine remarkably pale; neutral, or even alkaline, specific gravity low, with a large quantity of epithelium, and occasionally pus globules. But what I consider most important was, that the sediment, on being allowed to subside, was found to contain *spermatozoa*.

I introduced a sound to ascertain the state of the urethra, and found the prostatic portion painful and sensitive. The right testicle was much reduced in size. When he went to stool, he frequently passed the seminal fluid in large quantities; and the slightest attempt at connection produced an emission, before erection could be completed.

I prescribed sedatives to allay the irritation, and the mineral tonics to give tone to the bladder; at the same time I strongly recommended the application of the cautery to the urethra: and to this at the moment he consented. I gave him (for the interval) a prescription, which, unfortunately for himself, he took to a surgeon keeping a shop, who endeavoured, by every sort of misrepresentation, to excite his fears; and who so alarmed him, that he objected to be cauterized. I heard

nothing more respecting his complaint, nor its progress, as he carefully avoided all allusion to it.

In 1846, I was summoned rather unexpectedly by some of his friends, to report upon the state of his mind. A very short interview sufficed to render this unfortunate gentleman's unhappy situation quite apparent. His friends referred the obvious symptoms of insanity to a "matrimonial disappointment," the effects being greatly aggravated by excessive indulgence in wine and other stimulants. His proceedings became so extraordinary, that it was deemed necessary to place him under restraint; the medical gentleman to whose care he was committed, assuring his friends that quietude, bleeding, and the withdrawal of stimulants, would speedily restore him to health. This, however, unfortunately, did not prove to be the case, and he was, in consequence, removed to what was considered a more healthy situation. The change of air, and beautiful scenery, effected a slight improvement, but of short duration. I then proposed to call in Dr. Sutherland, whom I met in consultation. He, after a very careful examination, stated that the patient was suffering from "softening of the brain," an opinion confirmed by the Commissioners of Lunacy, all gentlemen of the highest repute in the treatment of insanity. Naturally influenced by such high authority, I hesitated to practise cauterization upon my own responsibility. Dr. Sutherland prescribed alteratives, which were carefully administered under the superintendence of a very intelligent surgeon, the son of Mr. Birkett, proprietor of Northumberland House Asylum, to which the patient had been transferred.

At length, paralysis supervened; the general health declined, the patient became helpless, and, most fortunately, mentally imbecile; and, at last, expired, the

victim of his remorseless malady. By permission of his friends, the body was submitted to anatomical examination, which was conducted in the presence of Mr. Birkett, jun., myself, and another professional gentleman.

The *brain* and *spinal marrow*, previously sliced into the thinnest possible layers, were very minutely examined by Mr. Birkett (an excellent and practised microscopical observer) and were found remarkably healthy, the heart, lungs, liver, and abdominal viscera, were free from all appearance of disease.

The bladder was unusually small and contracted, the muscular fibres, however, were well developed; the mucous coat highly injected, and of a rose-red colour, more especially about the sphincter and trigone. The prostate was greatly enlarged; the mucous membrane lining the prostatic portion of the urethra corrugated; and, when the gland was cut into, a muco-purulent matter exuded. The seminal ducts were patulous, and many were of the hardness and consistence of cartilage. The testicles were not half the natural size, and of a pale and nearly bloodless appearance. The vesiculæ seminales were enlarged, but soft and flaccid, and when cut into, poured out a muco-purulent matter.

On reading the above history, I presume it is only necessary to bestow *a moment's reflection* upon the morbid appearances, to refer the whole of the symptoms and the unfortunate result in this case, to the unchecked derangements of the generative system. I by no means infer that the morbid conditions of the structure of this system, abstractedly considered, would account for either the paralysis, the insanity, or the fatal results; but we know that the generative functions exert such influences upon the nervous system, as to incapacitate it for

the due performance of its functions in the human economy, and this without any *recognizable* change in its structural appearance. No change of any description no morbid alteration of any kind whatever, could be detected in either the brain or spinal marrow. In fact, the most serious disorders of the functions in a large proportion of instances of some nervous diseases, even fatal ones, present phenomena of an equally negative character. It next becomes a matter of inquiry, whether, if the patient had been treated for spermatorrhœa, at a sufficiently early period, a different result might not have been fairly expected. I have seen so many similar cases followed by *very different results*, that I cannot divest myself of the belief, that had the drain of seminal fluid been arrested, a more favourable issue might have followed. Be this as it may, the history has been faithfully detailed, and the facts clearly stated; it must therefore be left to the profession to form their own conclusions.

The seminal fluid is not an excrementitious secretion like the urine. It was never intended that all this fluid should be discharged from the system: in health, a portion is reabsorbed and taken back into the blood; which imparts that sprightliness and intelligence, that power of voice, that energy of muscle, that manliness of countenance and dignity of manner, and bestows that arduous vigour and noble daring, which brave and intelligent men possess.

The contrast:—the condition of those suffering from pollutions is faithfully described, and the picture well drawn, by an American writer. “Those,” says he, “who abandon themselves to practices learned at school, carry with them continually a consciousness of their defilement, and cherish a secret suspicion, that others look upon them as debased beings. They cannot meet the look of

others, and especially of the female sex, with the modest boldness of conscious innocence and purity; but their eyes fall suddenly abashed, and the glow of mingled shame and confusion comes upon their cheeks. When they meet the glance of those with whom they are conversing, or in whose company they are, they feel none of that confident and gallant spirit, and chaste delight in the presence of virtuous females, which stimulate young men to pursue the course of ennobling refinement, and mature them for the social relations and enjoyments of life; and hence, they are often inclined either to spurn entirely the society of females, or to seek such as are by no means calculated to elevate their views or improve their taste or morals."

I have, during the last ten years, met with a great number of remarkable cases of this description: one, a gentleman of family and fortune, married a woman on the town. He consulted me ten years after this unfortunate alliance; and, when cured, he endured great misery; for his taste and feelings, as is always the case, changed and kept pace with his returning health.

Another case, arising from a similar cause, lately came under my review. One of my patients, and all his family, were plunged for some considerable time into the greatest consternation and alarm, in consequence of a near connexion having suddenly disappeared on the day appointed for his marriage. Information respecting him was at length obtained; and he was found, by the gentleman who introduced him to me, occupying a very inferior position. Although a gentleman by birth, fortune, and education, he had been labouring as a common porter for eighteen months. After the removal of the disease for which he consulted me, his naturally happy disposition returned.

The want of self-respect felt by these patients, as justly observed by the writer I recently quoted, disqualifies them for the ease and elegant courtesies which render young men interesting to the opposite sex, and, much more frequently than is imagined, prevents them forming those honourable relations in life which are so much to be desired, and they frequently become associated with parties beneath them in education and position, and are rendered miserable for life in consequence.

Another and constant symptom of spermatorrhœa is, the decline of the intellectual powers. There is a great desire to change from one subject to another; and it is not without considerable difficulty that the mind can be brought to bear for any length of time upon one point. Continued application becomes irksome, and, indeed, almost impossible; the mental powers imperceptibly decline, the memory fails, and the patient, becoming irresolute, gives up in despair. He feels his mental powers unequal to their task, the perceptions are obtuse, there is a want of clear, distinct, consecutive reasoning, and the promising youth of nineteen is frequently found at four and twenty far below mediocrity.

CAUSES OF SPERMATORRHŒA.

THE causes of Spermatorrhœa are various, and frequently escape the observation of the practitioner. An interesting case of this description lately came under my treatment. The gentleman had suffered for many years from severe palpitation of the heart, pain in the head, impaired vision, accompanied with excessive nervous trepidation, and many other symptoms of inveterate Spermatorrhœa. His nervousness increased so much, that he was obliged to give up a very important official situation. He informed me that he had consulted some of the first physicians and surgeons in London; and had taken during four years a great deal of medicine, without deriving any benefit.

The urine, from the quantity of spermatozoa it contained, convinced me that he was suffering acutely from spermatorrhœa; but I was for some time at a loss to discover the cause. At length he informed me that he was one of the Queen's Messengers, and that occasionally he was obliged to travel for several days and nights consecutively, during which time he had no convenient opportunity to empty his bowels. It now became apparent that the seminal discharges had been induced by severe constipation.

The discharges were arrested, and he was recommended to use an enema of cold water daily, and by this means command an evacuation (when it was convenient to relieve the bowels) and thus prevent a relapse.

This gentleman has now resumed his official duties;

and his health is re-established; but he finds it necessary occasionally to resort to the enemas.

The majority of cases of this description, which have come under my treatment, is to be referred to the nostrums which are sold for the speedy and effectual cure of spermatorrhœa. They are composed (as I have ascertained by analysis) principally of the tincture of muriate of iron, which confines the bowels. There are other medicines, such as cantharides, nitrate of potass, seidlitz powders, etc., which, by the irritation they occasion, when the parts are weak and irritable, considerably increase, and often produce the disease under consideration.

Drastic purgatives, such as aloes, colocynth, scammony, etc., by acting specially upon the lower bowel, very often increase the spermatic discharges to a great extent. Small worms, in a similar way, produce the disorder. Some years ago, I met with an instructive case of this kind; it had been treated for a long time as one of epilepsy. The patient was a young gentleman, twenty-two years of age, and the history he gave was as follows:—

He enjoyed good health until he was seventeen, when one day he went out shooting with some of his companions. In getting over a fence his gun went off, and the discharge nearly proved fatal to one of his associates. The danger from which his friend had escaped caused so much agitation that he fainted; and from that period to the time when I saw him, he was subject to what were supposed to be epileptic fits.

During one of these attacks he had a copious emission, which continued to recur whenever he had a fit, and so far interfered with his general health as to render it necessary for him to consult me. During the time he was under my care, I observed that he frequently scratched himself about the anus. This led me to inquire whether

he had ever seen any small white thread-like worms pass away with his motions. He replied, that he had. Upon the exhibition of a brisk purgative of jalap and calomel, followed by an enema of salt and water, he passed by stool what he regarded as a large substance, this he brought for my inspection, and I found it to be composed principally of innumerable small worms. After this his health rapidly improved; and in a short time he left town perfectly well, the fits having quite disappeared.

Piles often cause spermatorrhœa by the irritation they produce in the rectum, which extends to the bladder, vesiculæ seminales, and prostate. Stricture in the urethra is occasionally a cause of impotency; but, as will be shewn in another part of this volume, it is not so frequently a cause of seminal discharges as is imagined.

Gonorrhœa frequently proves a cause of seminal pollutions; and some of the worst cases to be met with are found often to originate from repeated, neglected, or long-standing claps. After the inflammatory action has subsided, the seminal ducts are left relaxed. Since previous editions of this volume, I have met with numerous cases distinctly traceable to this cause. Some of the patients experienced seminal discharges after the first gonorrhœa; others did not suffer till after repeated attacks. They all at first complained of a sense of fulness, pain and heat at the neck of the bladder, attended with straining and spasm, which often forced away a considerable quantity of a thick, sticky matter, along with the last drops of the urine. Very shortly after this, they noticed that the desire for sexual intercourse diminished. A thick cloud was observed to be deposited by the urine after it had been allowed to stand for some time. The patients complained of what they termed an "*obstinate gleet*," most apparent in the morning, and greatly increased

after a hard stool. This annoyance had baffled the skill of their surgeons; and, notwithstanding the numerous remedies tried for its relief, still continued, and it was for this disorder they applied to me.

Upon examination, the discharge in most of these cases, was found to contain spermatozoa. The disorder was speedily removed by preventing the escape of the seminal fluid, and the desire for sexual intercourse returned. I have met with numbers of cases somewhat similar; but as many of them had indulged in masturbation, it is impossible to decide how far the symptoms were attributable to gonorrhœa,—how far to masturbation.

Venereal affections act not only upon the system generally, but also upon the procreative organs. In some instances, perhaps, the remedies employed in their cure may have had a marked influence, and such effects have been, and perhaps not incorrectly, attributed to a too free use of mercury.

Irritation from phymosis not unfrequently proves a cause of spermatorrhœa. When the tightness has been relieved, and the glans exposed, there will be found a quantity of cheesy-looking substance, emitting a very disagreeable smell, which, if allowed to remain, would produce a considerable amount of irritation.

I have, in a great many instances, been consulted by patients who have never had sexual intercourse; and, upon examination, I have found phymosis present. In such cases the testicles are remarkably small, and the penis very imperfectly developed. It is gratifying to observe how, immediately after the removal of the phymosis, and that the patients have yielded to sexual desire, the genital organs develop themselves, and assume their natural and healthy appearance. Lallemand mentions

the ease of a patient, who, though married upwards of five years, had never been able, in consequence of phymosis, to consummate his marriage. In this case, various plans of treatment had been adopted without effect. The patient then consulted Lallemand, who treated him in the manner described above; and the result was, a complete cure in a few days.

Irritation of the cerebellum often proves a cause of pollutions. This condition is generally attended with a foul tongue, and very irritable state of the stomach; producing great sickness, and many of the symptoms already noticed. Patients suffering under such circumstances, are constantly indulging in lascivious thoughts. They picture to themselves all kinds of obscene and disgusting ideas. A patient, who came a very long journey from the country to consult me, in consequence of suffering in this manner, stated, that every female he met excited sensual emotions, which increased to such a degree, that he was fearful of trusting himself alone, even in the presence of an old and faithful female domestic. With the view of diverting his attention, he applied himself most diligently to abstruse subjects. He read some of the most pious works, in the hope of altering the condition of his mind, and changing the current of his thoughts, but all failed to exert permanent influence upon his disordered imagination.

He complained of heat, and tightness in the back part of his head (in the region of the cerebellum), much increased whenever he yielded to the morbid train of thought, to which he felt so irresistibly disposed. I have met with several similar cases, but not of so much severity. They are relieved most speedily and effectually, by local bleeding; cold applications to the back of the head; and attending to the secretions. This plan I

adopted in the present case, which relieved the patient very much, and to his surprise, as the cerebellar irritation subsided, his health was restored, and his recovery complete.

Injuries to the back part of the brain frequently cause partial or complete Impotency. To the *cerebellum* has been assigned the *seat of sexual desire*. If injuries of this part can induce incapacity in the procreative functions, there is no difficulty in comprehending how organic lesions, hereditary or acquired, may lead to the same results. In such cases, if the cerebellum be examined, it will often be found in a diseased state, indeed sufficiently so to account for the generative inability. I have seen one remarkable case of this description, the general particulars of which are all that I can relate.

I am indebted to a gentleman, in extensive general practice in the city, for the opportunity of watching the following case, clearly demonstrating the connection between the testicles and cerebellum. A porter, in a wholesale grocer's establishment, was engaged in arranging some goods close to the handle of a crane. At the time a heavy weight was attached to the crane, which was locked or fixed; but by some accident the handle got loose, and revolved with immense velocity. In one of its revolutions it struck the unfortunat man on the lower part of the head, over the region of the lobes of the cerebellum. He was stunned by the blow, and remained insensible. By stimulants he was restored to a state of *temporary* sensibility. He soon, however, became convulsed, and remained insensible. The bladder could not expel the urine; and it became necessary to draw it off daily with the catheter. Ultimately his mental powers were restored, and he was then much astonished to find

that the testicles had become wasted. Alterative medicines were persevered in for some time, and we were agreeably surprised to find that the testicles resumed their healthy appearance; and their natural functions were restored when the brain recovered from the injury. I have since seen this patient; and he informs me that his recovery is complete.

Tobacco, I have every reason to believe, produces partial or complete impotency, if its use be indulged in immoderately. Some years ago I was led to imagine, that the abuse of this article exerted a very injurious influence upon the generative system. A gentleman informed me, that he came to London when at the age of twenty-two. Up to this period he had always enjoyed excellent health, and his sexual desires were remarkably strong. He had two healthy children before his twenty-sixth year; and had been engaged in the tobacco trade and the manufacture of cigars for more than fifteen years, during the greater part of which period he habituated himself not only to smoking, but also chewing tobacco. When he consulted me, although in all other respects quite healthy, he was entirely impotent.

I have met with a number of cases of a somewhat similar description, and have found them all both troublesome to manage and difficult to cure. The difficulty arises principally from the almost utter impossibility of inducing such patients to abandon those habits which form the substantial cause of their disorder, notwithstanding every endeavour to impress upon them the extent of mischief which must ultimately follow the long-continued and habitual use of tobacco. The testicles, in many of the cases which have come under my care, have been greatly reduced in size.

Warm climates and over-heated rooms have great

influence in predisposing patients to this disease. Thus persons who are obliged to do their work in heated apartments, as glass-blowers, bakers, etc., are especially liable to it.

High-seasoned food, wine, and other stimulants, and sleeping on soft downy beds, prove fertile sources of seminal emissions. Parents would do well to weigh the consequences before exposing their sons and daughters to such enervating causes. Indeed, I could adduce many distressing instances of early depravity resulting from this cause; but, as the histories might possibly be reorganised, I shall dismiss the subject without farther comment.

I have known many instances of young men having excited nightly discharges by excesses in drinking stout, "half-and-half," and gin and water, before retiring to bed. The consequence is over-distension of the bladder, causing irritation, which is extended by mechanical compression upon the vesiculæ seminales. This excites irritation and seminal discharges, with their results.

Excessive indulgence in sexual intercourse is another important cause of spermatorrhœa.

I must confess, however, that I regard excess as consisting more in the circumstances of a very promiscuous intercourse, than in what abstractedly might be considered such. A promiscuous intercourse debilitates much more effectually than fidelity to one and the same person, although the gratification may be frequent. We know, that with the other sex, barrenness—or if fertility exist, it remains dormant and inactive—is the almost inseparable concomitant of promiscuous indulgence. Hence we find that women of a certain class seldom conceive. Even young females, who engage, at their first outset, in general and unrestricted prostitution,

prove sterile during the period of indulgence; yet there is reason to believe that in these cases the procreative faculty is rather suspended than destroyed. Indeed, we know that in many cases this is the fact, as we often find that these women get married, and, becoming more continent or faithful to one individual, have healthy children, and even large families.

Induration of the epididymis frequently causes impotency, and, as will be seen hereafter, often eludes the vigilance of the medical attendant.

Another cause of spermatorrhœa, which has often come under my notice, occurs amongst patients engaged in scientific and literary pursuits. Intense application of the mind I have known to produce most obstinate spermatorrhœa. I have no doubt that Sir Astley Cooper, when he drew the following picture, had in contemplation cases of this sort. He says:—"To such, a Venus might display her charms; and on such, her son might exhaust his quiver, in vain. No genial spring is here, no blooming summer or fertile autumn; but all is winter, a dreary, desolate, and barren winter, in which the springs of life are frozen up, and the animal propensities destroyed."

I am not surprised that Sir Astley should have come to such a conclusion, when I consider, that at the time he gave utterance to the above elegant and poetical effusion, the subject under review had received but little attention. Indeed, cases of this sort are found, even at the present day, very difficult to cure.

Since previous editions of this work, I have treated a great many chamber barristers, suffering under the influence of these causes; and it was while so engaged, that I accidentally discovered why these cases are subject to such frequent relapses.

On visiting a gentleman at his chambers, who had been repeatedly under my care, I observed that he sat in a soft arm-chair, in which he frequently remained, with but little interruption, from ten in the morning till eleven or twelve at night. While conversing with his friends, or talking to persons upon business, he used to stand up and turn his back to the fire, by which he kept up an unnatural heat about the parts. I suggested that he should sit on a cane-bottomed chair, constructed so as to allow free ventilation, and keep from the fire as much as possible. It is surprising how much these simple means assisted in the successful treatment of the case.

There are other causes of impotency, some of a physical character, to which I do not mean here to refer: some, perhaps, more imaginary than real; old age, for instance. It might be questioned, if impotency ever depends upon this cause. Instances are not wanting of men very far advanced in years who have married young women, and have had large families. Therefore it may be presumed that old men are sterile from disease rather than decay.

But perhaps there is no cause more fertile, or one more hurtful in its consequences, than masturbation. This practice prevails amongst persons of all ages; and I feel satisfied, from very extensive observations, that it is generally commenced in early life, when at school; that it is acquired from example, and practised to a considerable extent, without the patient having the slightest idea that it is either improper or injurious. Indeed, I have been informed by intelligent and honourable men, who could have no object in deceiving me, that they had been taught to consider the practice a manly habit. If such impressions were prevented in early life, and the injurious consequences made known, *much and inconceivable misery would be avoided.*

DETECTION OF SPERMATORRHŒA.

THIS disease is not readily to be distinguished from numerous others, with which it is frequently complicated, and which it has contributed to induce; and if we depend solely upon the constitutional symptoms, our attention will never be directed to the true seat of the disease. It is true, that if we suspect the nature of the disorder, we may be inclined to examine the testicle, which often presents such obvious characters as will preclude the possibility of mistake. Thus the withered and pendulous condition, the indurated epididymis, and the carc-worn and haggard appearance, are too striking to be wholly overlooked. But unless persons are thoroughly acquainted with these characteristics, they may probably be attributed to something else, and the true cause escape detection.

There is one thing, however, which will be found a very constant attendant when the patient has practised masturbation to a very great extent, viz., a slight and almost imperceptible discharge from the urethra. This is more frequently discoverable after the patient has passed water, or when he goes to stool, or more especially when he is in the society of females.

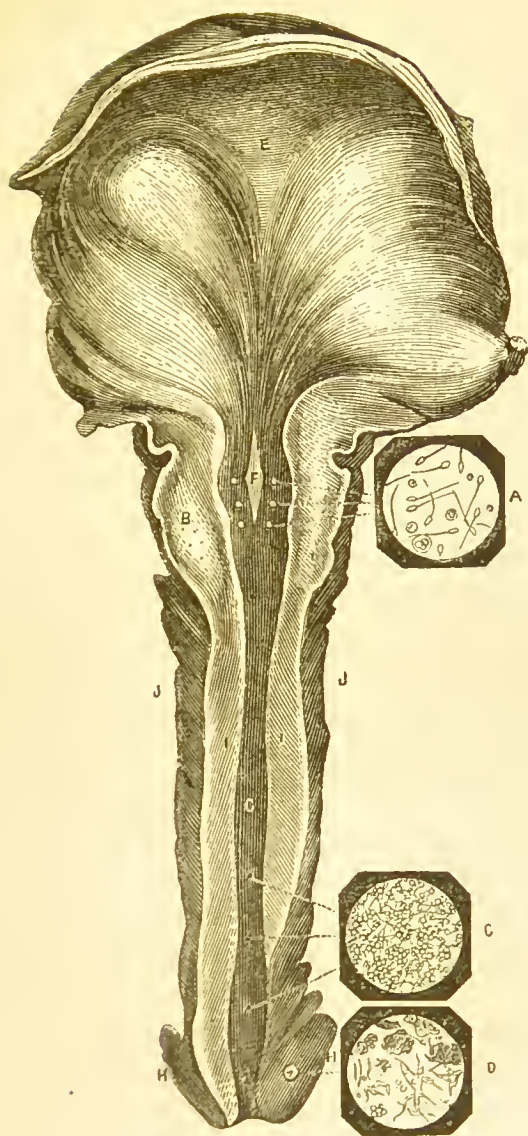
Patients, who have unfortunately acquired this habit, suffer not only in body but in mind. "The condition of these persons," says Curling, "is melancholy enough. Aware of the abhorrence with which their practices are

regarded, they hesitate to consult the regular practitioner, and fly for relief to ignorant, but artful quacks, by whom their resources are drained, for which they only meet in return with bitter disappointment. Such is the heavy penalty often paid by man for gross indulgence in sensuality—a degraded nature and a ruined constitution, embittering the best days of his existence, and sometimes leading to insanity or suicide.”

Seminal discharges are frequently mistaken for gleet, an error into which we may easily be betrayed, from a review of the patient's former habits; many having suffered repeated attacks of syphilis or of gonorrhœa, seem now, as it were, but undergoing the consequences. Hence gleet offers itself, under such circumstances, as the explanation of any discharge from the urethra.

It is a matter, however, of the greatest importance to be able to distinguish between the seminal secretion, and the various discharges with which it may be confounded, as each requires a different mode of treatment. To the *microscope* we are indebted for enabling us clearly and unequivocally to discriminate between *gonorrhœa*, *syphilis*, and *spermatorrhœa*. These different discharges are shewn in Plate III.

As I have already stated, when enumerating the symptoms, where spermatorrhœa has existed for a considerable time, the seminal fluid becomes thin and watery. I have given a diagram at page 12, showing the appearance of the spermatozoa broken down.



Explanation of Plate III.

A, C, and D, represent the appearance of the discharges in spermatorrhœa, gonorrhœa, and syphilis. The dotted lines on each side of F point to the seminal ducts.

When the spermatozoa are mutilated, and mixed with other secretions, they are very difficult to detect, at least by medical men unaccustomed to enter upon such investigations, as will be readily seen from the following history :—

A surgeon of considerable attainments applied to me, in consequence of suffering severely from a nervous affection. He informed me, that he had every reason to believe his ill health was occasioned by seminal discharges; and, to satisfy himself upon the point, had repeatedly examined his urine, but invariably failed to discover any spermatozoa. He had also consulted three surgeons of high repute, who assured him that his urine *was perfectly healthy*. The general symptoms and appearance of this patient led me to believe, that he was suffering from spermatorrhœa; and, after examining several specimens of the urine, I succeeded in discovering broken down spermatozoa in abundance.

It often happens in cases similar to the one just mentioned, and in which the seminal ducts are unusually dilated, that they permit the escape of the spermatie secretion as soon as it is formed, leaving but little to accumulate in the natural reservoirs. There is, in consequence, great irritability of the bladder, compelling the patient frequently to pass water. Hence it happens that many specimens of urine, under such circumstances, may be examined, without the presence of the seminal fluid being discovered. In such cases, I direct a sedative to be taken at bed-time (which relieves the desire to pass water so frequently), and request the patient to call early on the following day, so that the first urine passed may be collected, and, when spermatorrhœa is present, I never fail, by adopting these means, to discover the existence of the discharge.

But the spermatozoa are not so readily discoverable, as some medical men imagine. Although I possess microscopes constructed by the first makers in London, I am frequently engaged *for several hours* in examining the urine, before I can ascertain all that is necessary to enable me to proceed with the treatment of such cases. This difficulty arises from several causes: in the first place, the spermatie discharge is found constantly mixed with other secretions—urinary deposits—as oxalate of lime, lithic acid, lithate of ammonia, epithelium, blood, mucus, pus, etc.

If the patient should be suffering from any affection of the prostate gland, bladder, or urethra, he should be required to pass the water intended for examination into two separate glasses. The urine first voided will wash away any accumulation from the prostate gland, and mucous membrane lining the urethra. The last drops, as well as the urine passed into the second glass, should be collected and carefully examined. The last drops will be found to contain the largest amount of seminal fluid, owing to the pressure upon the vesiculæ seminales exerted by the bladder spasmodically contracting to empty itself. The seminal vesicles thus become compressed and emptied of their fluid.

The seminal discharges, which occur while passing water, are not only most obstinate and difficult to cure, but give rise to very distressing constitutional derangements. This is caused by the frequency of their recurrence, and it is, therefore, of the greatest importance that they should be discovered, and their nature clearly understood.

But in spite of the most ample instructions that could be given for their guidance, those unaccustomed to microscopical manipulations, must experience great difficulty, and frequent disappointment, when the seminal secretions

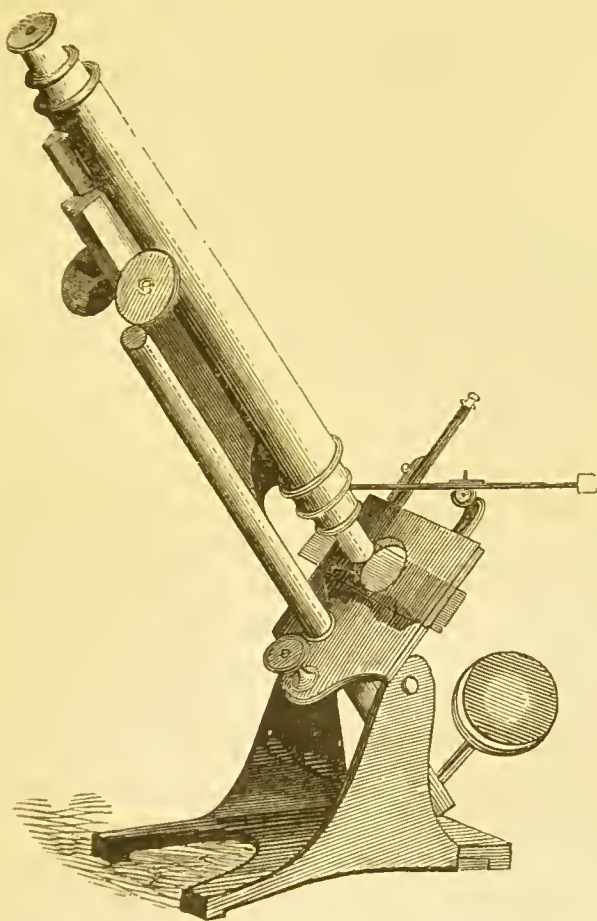
are unhealthy ; for the spermatozoa are then not only *much decreased in size*, but are *invariably mutilated, their tails being broken off*.

When, in consequence of circumstances, it becomes absolutely necessary to entrust to the patients themselves the collection of the specimens for microscopic examination, they generally overload the slide, and do not press the thin covering with sufficient force, so as to expel all the air bubbles, and properly extend the specimen to facilitate its examination. In consequence of these defects, the object is either hid from view, or it presents a confused and unsatisfactory appearance. A drop of water placed along the edge of the thin slip, by insinuating itself between the contiguous surfaces, will sometimes remedy the defect, and render the objects distinct.

Again, the refractive power of the *liquor seminis*, the fluid in which the spermatozoa exist, is very nearly the same as that of the spermatozoa themselves ; and their tails, in consequence, are frequently traversed by the light, and so not brought properly into view. Thus they often present a more unhealthy appearance, than in reality they possess. This, however, is easily obviated, by placing the slide upon a sand bath, so as to evaporate a portion of the fluid by a gentle heat ; the tails will then become distinctly visible.

A proper light not only assists, but is absolutely essential to, the clear and perfect discrimination of the spermatozoa. If this be not attended to, the seminal fluid, though present in the urine, will be frequently overlooked ; and the very worst cases of spermatorrhœa may in consequence escape detection. The best light for this minute examination is that from a white cloud transmitted through a window glazed with pure plate glass, and the slide upon which the specimen is collected should

be free from the striæ which common window-glass is mostly found to contain. Crown glass is best suited for this purpose.



The best microscopes are so complicated in their construction, that medical men not familiar with their different parts and movements, are prevented from effectually examining the specimens which present themselves to their notice. The wood-cut above, shewing the simplest form of instrument, and, of course,

that best suited for the beginner, will give some idea of its nature and construction. It is adapted to carry every power,—deep as well as shallow. The quarter, and even the half-inch object glasses, shew the spermatozoa with perfect clearness, when they are in health, and perfect in form; *but when the seminal secretions are unhealthy, and the animalcules mutilated, an eighth of an inch objective is absolutely necessary.*

The description here subjoined will be of use to those who are anxious to become acquainted with the distinguishing characters of the disease under consideration. The seminal animalcules consist of an elliptical head or body, formed by a dark outline, enclosing the transparent portion. In some there is an opaque, or black spot, in the transparent part about its centre. From the head or body a long tail projects, sometimes perfectly straight, at other times waved, depending on the position which the animalcules had taken at the moment vitality was arrested. When living they are in active motion; and seen under these circumstances can never be mistaken.

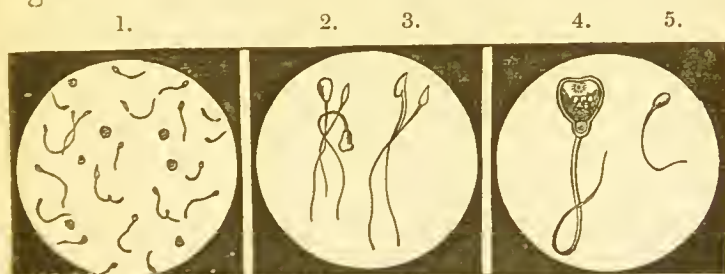
The spermatic fluid secreted by the testicles of all male animals, capable of impregnating the female, is of a whitish colour and of a thick consistence. For microscopical examination it is best obtained from the epididymis or the vas deferens. The sooner it is transferred to the field of the microscope the better.

A drop should be taken from the parts already mentioned, and placed upon a slide of crown glass, three inches in length and one in width. The fluid should be spread out delicately by pressing upon it firmly a piece of very thin glass made for the purpose, in order to extend the surface and separate the spermatozoa; otherwise they are so numerous and crowded, that anything like a distinct or perfect view will be impossible. If a slide, prepared as above, be brought into view in the

field of an *achromatic* microscope, with a magnifying power of four hundred diameters, the following phenomena will display themselves:—

A number of very minute bodies of the form already described, closely connected, and more or less in active motion, is observed; for, however firmly pressed the covering may be, there is always sufficient space to allow of their movements. On more attentive inspection, minute, round, granular bodies, less numerous than the spermatozoa, are readily seen. These are named by Wagner, *granula seminis*—the seminal granules. Both these elements of the semen are suspended in a clear, transparent, and perfectly homogeneous fluid, called the *liquor seminis*.

In the following diagram the form and general appearance of the spermatozoa in man, and some other animals are given.



Explanation of the Plate.

1. The spermatozoa in the semen of the human subject.
2. The form of these animalecules in the dog.
3. In the mouse.
4. In the bear.
5. In the rabbit.

The round bodies in figure 1. are the "*granula seminis*," or seminal granules of Wagner.

According to M. Donné, the spermatozoa very quickly die in the mucus of the vagina, and of the womb, if that of the former be too acid, or the latter too alkaline. This observation is of great importance, and should be carefully treasured up in the memory, as it may

be rendered subservient in the event of our being called upon for opinions in cases of marriages which have proved unfruitful.

In the urine of men who suffer from nocturnal and other involuntary emissions, the spermatozoa may be found alive, even for hours, in this fluid. Hence a microscopical examination enables us to detect indulgence in habits which the patient often-times would fain conceal.

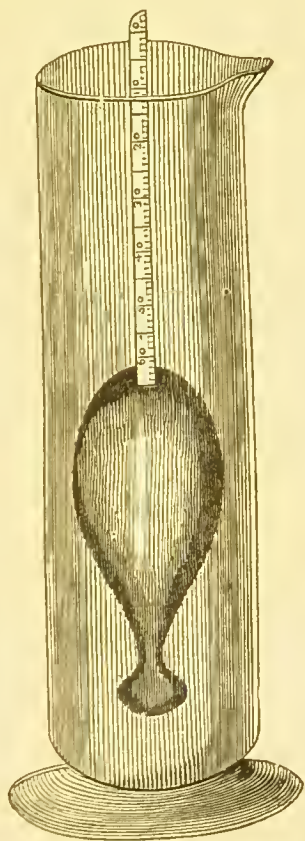
Advantage has been taken of these facts for the purposes of criminal jurisprudence:—

“A man, suffering from gonorrhœa, was tried for a criminal assault upon a child. The child’s shift and other articles were sent to Messrs. Goodsire, for their inspection and report. Some of the stains, of a yellow colour, were believed to be the effects of the gonorrhœal discharge, others, characterised by a faint colour and peculiar odour, were regarded as stains caused by the seminal fluid. Some portion of the linen supposed to be stained by semen, when macerated in water, rendered it muddy, and the fluid emitted a strong characteristic odour. A portion of the linen was next examined in the field of the *microscope*, where the spermatie animalcules were detected, and easily recognised; the majority of them were mutilated, the greater part of their tails being broken off, and the head not so plump as in the living state, but perfect specimens were found differing in no respect from the living animalcules, except in the want of motion. The prisoner was sentenced to transportation for fourteen years.”*

In the detection, as well as in the treatment of spermatorrhœa, it is of the greatest importance that the conditions of the urine should be thoroughly inquired into; for it will be found that spermatorrhœa is fre-

* *Lancet*, 1845, p. 213.

quently complicated with unhealthy deposits from this secretion. Hence it becomes necessary not only to arrest the seminal discharges; but to correct the morbid conditions of the urine itself.



Much valuable information, as to the state of the secretion, may be derived through the assistance of the *urinometer* invented by Dr. Prout, a diagram of which I have here subjoined. If this instrument be immersed in pure water, it will sink down to 0; the specific gravity of distilled water taken as the standard of comparison, and represented as unity or 1.000.

The specific gravity of healthy urine, compared with

this standard, may be averaged at 1.020. I have invariably found, that if the specific gravity be 1.006 or 1.010, the urine will be pale and watery, and about four and a half pints passed in the twenty-four hours; but if the gravity be 1.026, we shall not have more than about a pint and a half passed during the same period, and the urine will be high-coloured and deposit a sediment on cooling.

When healthy, about two or three pints are the average quantity of urine passed in the twenty-four hours, having an acid reaction, as may be shewn by dipping in a slip of litmus paper, the blue colour of which is changed to red. Unhealthy urine, on the contrary, is found occasionally alkaline, a state to be inferred when the yellow colour of turmeric paper, dipped into the fluid, is changed to reddish brown. This is very often a dangerous indication, and should always be investigated with the greatest care.

The urine, when allowed to cool in a tall glass vessel, frequently deposits a white cloud, which, examined by the microscope, is often found to consist principally of epithelium. The appearance of this cloud generally causes considerable alarm to nervous patients, but more especially to medical men, who either are, or have been, suffering from sexual debility; for they are aware, that if urine, containing seminal fluid, be allowed to stand for a few hours, the semen, in consequence of its higher specific gravity, will subside to the bottom. Such medical gentlemen as have seen through the microscope, the seminal animalcules, thus collected, imagine that every urinary cloud must contain them in abundance. Knowing the misery resulting from such causes, they always feel apprehensive and unhappy, and frequently endure much unnecessary misery; for it does not follow,

when epithelium is present, that seminal fluid must be necessarily mixed up with it. It is, however, of great importance to know, that when a large quantity of epithelium is found in the urine, it is a certain sign that considerable irritation exists in the urinary passages, which should lead us to seek out and remove the cause.

Urine abounding in epithelium is generally of low specific gravity, pale, wheyish-looking, and mostly passed in large quantity. Upon inquiry, it will also be found that the patients are in the habit of drinking tea and other fluids in considerable quantities, and have generally a distaste for animal food; the urine analytically approaches in quality that of herbivorous animals, as the cow, sheep, etc. We may often infer from these facts, that pastry, soups, raw and green vegetables, fruits, etc., will mostly disagree.

But when the urine is scanty, deep-coloured, and of high specific gravity, it generally contains a large proportion of urea and uric acid. Upon inquiry, it will be found that such patients live principally upon animal food; and the urine, in its analysis, will approximate that of carnivorous animals, as the lion, tiger, leopard, hyena, and panther. A vegetable diet, in such circumstances, will frequently be found highly beneficial.

When the analysis of the urine is required to be of the most complete kind, great care and precaution are necessary. Before I undertake the treatment of a case, I invariably request the patient to pass urine, in my presence, into a tall glass constructed for that purpose, ground upon the edge at the top, upon which a glass cover can be placed, to prevent evaporation. During the passing I observe the characters of the stream, whether full or diminished, spiral, or uniform, small, or slow and

interrupted; and I minutely examine whether the last drops contain seminal fluid or not.

I then place the glass with its contents upon an adjoining table, and carefully note from time to time the changes that take place: 1st, the colour; 2nd, whether transparent and clear, or turbid and opalescent; the specific gravity, whether high or low; the reaction, whether acid or otherwise. It is then sent into the laboratory to observe whether it deposits a sediment or throws up a film. After it has stood sufficiently long to throw down all its sediments, they are examined before decomposition commences.

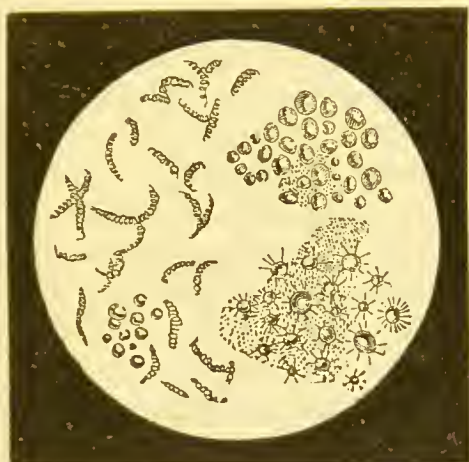
If lithic acid be deposited, it will be found in the form of hard crystalline grains, which most commonly



assume the rhomboidal outline, as shewn in the above diagram. It sometimes assumes other forms: the varieties most commonly met with in practice are delineated also in the above wood-cut.

Lithate of ammonia frequently appears in the urine of patients suffering from spermatic discharges, and not unfrequently perplexes the practitioner unaccustomed to urinary investigations; as it always prevents the seminal

animalcules from being *distinctly* seen. Lithate of ammonia is shewn in the diagram.



The triple phosphate is another salt frequently deposited in the urine of persons suffering from spermatorrhœa. The urine, if allowed to stand for some time (from twenty-four to forty-eight hours) will throw up a film, which



decomposes the rays of light, giving rise to the prismatic colours. A portion placed upon a glass slide, and examined under the microscope with a power of four hundred diameters will give the appearances represented in the above wood-cut.

When patients have been suffering for many years from spermatorrhœa, it will be frequently found, that the disease is complicated with irritation of the stomach, and this, though but a secondary affection, for the most part, absorbs all the attention. I have seldom met with a case of this description in which all the different plans of treating stomach complaints had not been previously adopted, and, indeed, had formed the principal and only attempts at cure; the alkalies, as soda, liquor potassæ, etc., had been administered with no sparing hand. In such cases, these means are productive of considerable mischief; I cannot, therefore, too strongly urge the necessity of very careful inquiry before subjecting patients for months to a discipline of this kind, as it hardly ever fails to exert an injurious influence when the genito-urinary organs are seriously implicated.

Oxalate of lime is very often present in spermatic



urine, and it is of the greatest importance in the treatment of these cases, that its presence should be clearly ascertained. The crystals appear mostly in the octohedral form, but sometimes resemble dumb bells; both forms are shewn in the diagram above.

The seminal animaleules are also frequently found

mixed up with mucus and pus globules; and unless the greatest care be taken in the examination of the urine, they will escape observation.

When the constitution is impaired, and the liver participates in the disorder, bile is discoverable in the urine. By adding a few drops of nitric acid to a small quantity of urine, a beautiful display of colours takes place, which can be readily detected by the microscope.

Sugar often exists in the urine of persons who have been suffering for years from seminal pollutions. When things have arrived at this stage, the condition of the patient is very precarious. The presence of sugar may be discovered by boiling the urine with nearly an equal quantity of liquor potassæ in a test tube. The liquid, if sugar be present, assumes a deep porter colour. By chemical means it may be extracted and crystallised, like



ordinary cane sugar. If, however, a specimen of saccharine urine be set aside in a warm place, after some time a scum forms on the surface—known as *torulæ diabetica*. A portion transferred to one of the slides, and examined by the microscope, exhibits the appearance shewn in the above diagram.

I often find albumen present in the advanced stages of spermatorrhœa. It is easily detected by heating over the spirit-lamp a portion of the urine in a test tube, and dropping into it a small quantity of nitric acid. In this case, the urine becomes cloudy and opaque, and ere long a coagulum is precipitated, leaving the urine above quite clear.

The semen, from the numerous matters with which it is frequently intermixed in the urine, is *oftentimes extremely difficult to detect*, and many hours are frequently required for this purpose, notwithstanding the seminal fluid may be present in abundance. This difficulty of detection, however, does not always depend upon the intermixture of oxalate of lime, lithic acid, etc., with the spermatozoa; but, as I have had occasion frequently to state, upon their *diminished size* and mutilated condition. This cannot be too strongly impressed upon the mind of the practitioner; for I am daily consulted by parties suffering severely from spermatorrhœa, who, in consequence of imperfect examination, have been repeatedly assured that they were not labouring under this disease. Many such cases have attained a dangerous ascendancy, which an early detection would have entirely prevented.

TREATMENT OF SPERMATORRHŒA.

A CAREFUL review of the numerous cases of spermatorrhœa, which I have treated during the last twelve years, has satisfied me that I owe much of my success in the treatment of this disease to my inquiries into the *chemical* and *microscopical properties* of the *urine*; for the conditions of this secretion afford information to the practitioner, which he would in vain attempt to gain from any other source. The detection, by the microscope, of seminal fluid in the urine, with the spermatozoa broken down, not only indicates the existence of spermatorrhœa, but will also enable us to form some idea of its severity, as well as of the nature of the causes which have produced it.

It is true that ascarides, repeated attacks of gonorrhœa, syphilis, etc., may co-exist with, and act as causes of seminal discharges, still a very careful inquiry into the general history of many cases that have come under my care, have convinced me that the action of these causes is but *remote* or *exciting*; and that, unless the generative system has been *previously weakened*, such causes may exist without inducing spermatorrhœa. I have mentioned an instance of thread worms in the rectum not only bringing on severe seminal discharges, but also inducing symptoms similar to those of *epilepsy*. In persons otherwise healthy such worms may exist for years, without causing any other inconvenience than mere local irritation; and every surgeon knows that

gonorrhœa and syphilis are not necessarily productive of spermatorrhœa.

When treating this disease, we should be particularly careful, after having removed the seminal discharges, to ascertain whether there be any lurking disorder, which, if allowed to continue, is likely to reproduce the disease. Thus, for instance, if the existence of worms be ascertained, we should endeavour to expel them by a brisk purgative, and the injection of a solution of salt in water into the rectum; while we must administer internally bitter infusions, for the purpose of correcting and checking the secretion of mucus, which, by forming a nest, favours the development of worms.

I have also had occasion to allude to a case in which tobacco acted as the exciting cause of spermatorrhœa. Notwithstanding the patient had discontinued its use during a considerable interval, yet the sexual powers did not return. Analysis of the urine, however, convinced me that the patient had, in no small degree, interfered with the functions of the procreative system, long before he addicted himself to the use of tobacco. His immoderate use of this narcotic sufficiently accounted for the state of the testicles; but did not, to my mind, satisfactorily explain the loss of power, to which, however, as there could be no doubt the tobacco contributed much, I immediately interdicted its use.

I have related a very interesting case of constipation, caused by the patient suppressing the necessities of nature, his position frequently not allowing him to respond to her calls. Now I have no doubt whatever that this gentleman suffered from seminal pollutions, to a certain extent, for years previously; but, until aggravated by this powerfully exciting cause, they did not attain

sufficient severity to attract his notice. Nor would he have noticed them even then, perhaps, had not his attention been awakened by questions, which, after an analysis of the urine, I felt it necessary to put to him.

The symptoms which prevail in spermatorrhœa so often resemble those of diseases of an *entirely different nature*, that unless the practitioner apply himself to a *full and complete examination of the urine*, his attention will not be directed to the *real source* of mischief; and *effects*, instead of the *cause*, will engross his attention. Thus we find that patients, labouring under spermatorrhœa, frequently suffer also from severe and obstinate constipation; and hence various drastic purgatives, as aloes, colocynth, gamboge, etc., are often prescribed for the relief of the bowels. But such remedies never fail to do harm, by the irritation they set up in the rectum, which extends itself to the bladder and *vesiculæ seminales*.

Piles very often, according to my observation, co-exist with seminal discharges; and in such cases they are found complicated with congestion of the liver. This I have observed so frequently, that whenever I detect bile in spermatic urine, I always inquire whether or not the patient is suffering from hemorrhoids, and the answer is frequently in the affirmative. This is a matter of so much importance, that the question should always be clearly decided, for the heat and irritation, caused by the presence of piles in the rectum, often bring back the seminal discharges. Regularity of diet and exercise, gentle laxatives, the hip bath, and sponging the region of the liver with the nitro-muriatic acid, will be generally found sufficient to remove this inconvenience. I by no means approve of the indiscriminate removal of piles by the knife, nor the transfixing them with a needle; in-

deed, such modes, when hemorrhoids co-exist with spermatic discharges, occasion considerable mischief, and are not wholly free from danger.

Climate, high-seasoned food, the continued use of *wine*, and *spirits*, and *sleeping upon soft beds*, are, as already observed, powerfully exciting causes of spermatorrhœa. I have met with great numbers of cases of this description amongst gentlemen who have resided a long time in India, and other hot countries; and in persons in this country who, from an early age, were accustomed to lead a luxurious and indolent life. But I have never been able, even in such cases, fully to satisfy my mind that these were the *real* or *essential* causes of the spermatic discharges; for I have had, in almost every case, sufficient evidence of the genital organs having been weakened in early life, when at school. In such circumstances, the urine is generally found to contain lithic acid in abundance, occasioned by the habitual use of wine.

When this acid abounds in the urine of patients suffering from spermatorrhœa, it frequently disguises the symptoms, and diverts the attention of the physician from the true cause of the disease. In consequence of the irritation it causes, this acid excites emissions at a very tender age, more especially if the patient has been accustomed to the use of wine and high-seasoned food. The irritation of the mucous surfaces, caused by the acid, is attended with pains and uneasiness in the back and loins, which are usually considered "growing pains."

The pollutions, occurring at an early age, are much more lasting and dangerous, especially when they attack a boy before he has done growing. Nocturnal discharges at this period injure the health much more seriously than at an advanced age; and if allowed to proceed unchecked, the patient, in constitution, will be comparatively old at

two-and-twenty; indeed, many evince most of the symptoms of senility, before they arrive at thirty.

A remarkable instance of this kind recently occurred to me, in the eldest son of a family of distinction. He enjoyed all those advantages which birth, fortune, and position in society confer. Until his tenth year he was robust, and bid fair to be, like his father, a strong, powerful man.

Before he was fourteen, he complained of pains in the back and loins, and a feeling of weakness in the knees; these symptoms were attributed to his having outgrown his strength. His eye lost its brightness, his memory failed, and his appetite became so capricious, that he would partake of nothing but high-seasoned food.

When I first saw him he was in his twenty-fifth year; his voice, which was weak and feeble, had a shrill disagreeable sound, jarring upon the ear. There was no appearance of either beard or whiskers; but a dark areola surrounded the eye; and his countenance was anxious, and expressive of much suffering. He was reserved and silent, and it was with difficulty I could induce him to enter into conversation.

I understood from his family physician, who accompanied him, that his disorder was at one time supposed to be a rheumatic affection, and had been treated as such, without any benefit. He had also been leeches and cupped, on the supposition of disease of the spine, and a variety of tonics had been prescribed, to give strength and energy to his frame.

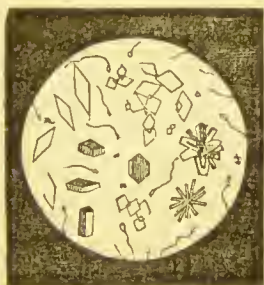
After a lengthened perseverance in allopathic means, his friends placed him under the care of a homœopathic practitioner; he had also been for some months in a hydropathic establishment, where the bracing influence of cold bathing greatly improved his health; so much

so, that it was for some time believed he was perfectly cured. Under this impression, he was recommended to marry—which he did.

The excitement caused by change of circumstances, a liberal use of wine, together with a continental tour, sustained him for some time. After he had been married a few months, the symptoms suddenly returned with increased violence, which a continued perseverance in hydropathy now failed to alleviate; and it was under these circumstances that I was sent for.

I found the specific gravity of the urine unusually high, and the patient informed me, that he had for years observed a brick-dust sediment in the urine.

On examination of the first specimen, I found lithic acid present in abundance, and spermatozoa intermixed with the acid crystals; a representation of which is given in the subjoined diagram, drawn from a specimen taken from the urine while in attendance upon this case.



The presence of lithic acid renders the detection of spermatozoa very difficult; and I had to examine several specimens of this patient's urine before I could detect them, although, from his appearance, and the history of the case, I had no doubt whatever that he was continually passing seminal fluid.

In the treatment of such cases as the first related, it is not sufficient to arrest the nocturnal and diurnal discharges, we must also endeavour to correct the lithic acid diathesis, for if this cause of irritation be allowed to continue, the disease will most assuredly return.

The gentleman, whose case I have just detailed, perfectly recovered from the seminal discharges, and is now,

to all appearance, in good health; still his constitution is very delicate, and he is obliged to use the greatest circumspection in his diet. There is no doubt a considerable time must yet elapse, before his constitution can be thoroughly restored.

The analysis of the urine enables us to pronounce positively, respecting the existence of spermatorrhœa, and to ascertain what the patient himself would never divulge. Even the family physician, who accompanied this patient, and who had attended him from his earliest infancy, never once suspected the nature of the disease; and it was upon the recommendation of the homœopathic practitioner that I was applied to.

Oxalate of lime is also frequently found in spermatic urine. This is often occasioned by a disordered condition of the stomach, and an impaired state of the digestion. It also results from giving port wine and rich food to delicate children, under the mistaken idea that such means will strengthen their constitutions. The following may be taken as the type of a vast number of cases of this description which have come under my notice.

A gentleman who consulted me stated, that he was sent to a preparatory school, before going to Oxford. He had previously enjoyed very good health. At the seminary he became associated with boys much older than himself, and, from example, was induced to resort to practices which weakened his constitution. Before he had been a year and a half at the school his health failed, and he was obliged to return home.

He was now advised to take one or two glasses of port wine daily, and to live well, to recruit his strength. This plan disordered his digestion, and he suffered much from spasmodic pains in the bowels, which shortly increased so much in violence, that he was obliged to

have recourse to brandy to relieve the pain and sensation of sinking which he constantly felt. The brandy afforded temporary ease.

Kreosote, prussic acid, and various other remedies were resorted to, all of which afforded relief for a short time but the symptoms again returned. The bowels at length became confined; and it often happened that two or three days passed without their being relieved. On first evacuating the bowels after long-continued constipation he felt faint, and then discovered that a copious emission had taken place.

From this time, he experienced pain in the loins, and a sense of great oppression in the chest, with considerable difficulty in breathing. The difficulty was much increased by going up an ascent. Three years before applying to me, he was attacked, while rowing, with spitting of blood.

The physician who was first consulted, treated him for a gastric affection. He was next advised to consult a gentleman for disease of the kidneys; and he was, after the hæmoptysis, thought to be consumptive, and recommended to winter in Madeira, which he did for three successive seasons, during which time the hæmorrhage frequently returned.

Repeated examinations of the urine proved to me that he was suffering acutely from spermatorrhœa, the seminal animalcules being very numerous, and intermixed with oxalate of lime. The diagram annexed was drawn from a specimen of the patient's urine, while I was in attendance upon him.



He was treated for spermatorrhœa, and within a month after the seminal discharges were

arrested, the irritation in the stomach was greatly relieved, and his health so far improved as to permit of his residing in England. Still he has not regained his former robust health, but is subject, during the spring and autumn, to slight returns of the seminal discharges, which, however, readily give way to treatment.

Pollutions are frequently occasioned, or very much aggravated, by cutaneous eruptions. These occur upon the inner parts of the thigh, the scrotum, and the anus. I have treated a great many cases of this kind, and have almost invariably found that these skin affections are intimately connected with disordered conditions of the urine. The *triple phosphate* is generally deposited. Sulphur baths and external applications will relieve for a time, but the disorder will almost invariably return. It is, therefore, of the greatest importance to correct the tendency to deposit the triple salt by the exhibition of the nitro-muriatic acid, as the only means of effectually curing the patient. Astringent ointments may be resorted to as auxiliaries, and to allay irritation till the cause has been entirely subdued.

I am at present attending a gentleman who suffers severely from excoriations on the inner part of the thigh, extending to the scrotum. The second specimen of the urine



which I examined, deposited the triple phosphate and spermatozoons as shown in the diagram. The presence of the spermatozoa led me to ask this patient if he was not subject to nocturnal discharges. He seemed surprised at the question, but at once informed me, that when in

bed, the itching of the eruption was so great that he could not refrain from scratching himself; the irritation

thus occasioned frequently produced so much excitement that emissions followed.

There is another important advantage to be derived from urinary investigation. It enables us, before commencing the treatment, to form a correct opinion as to whether we can be really serviceable or not, as will be confirmed by the history of the following case.

A gentleman, upon the recommendation of his brother, whom I had cured of spermatorrhœa, came to London to consult me. His general symptoms were, in almost every respect, similar to those of his relation. He suffered severely from pain in the back and loins; he was timid, retiring, and desirous of being alone, with disinclination to exercise or to any kind of exertion. His appetite, however, was good; he enjoyed his food, and partook liberally of nourishing diet, still his strength failed, and he evidently lost flesh. He slept soundly, but always awoke unrefreshed.

The urine passed on his first visit to me had a specific gravity of 1.034, and the quantity was unusually large. This induced me at once to suspect, and examine for sugar. On boiling a small portion of the urine with liquor potassæ in a test-tube, I found decided evidence of the presence of *diabetes*, which was confirmed by further examinations.

There was no evidence that this patient was suffering in any degree from spermatorrhœa, for no trace of seminal fluid in the urine was discoverable. I was perfectly satisfied, some time before he repeated his visit, that his disease was of a very different character from that for which he came to consult me.

Now it must be evident, that had I been guided entirely by symptoms I should have fallen into a serious error, and have done much towards bringing discredit

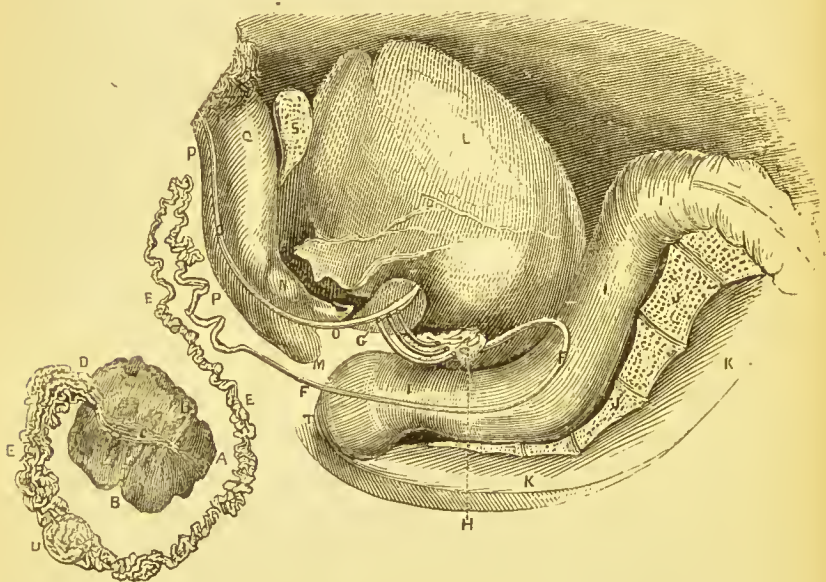
upon the treatment more peculiarly adapted to the cure of spermatorrhœa.

Analysis of the urine, as I have already endeavoured to shew, is of the greatest importance, enabling us (in many cases) to understand clearly the cause of this disease. There are cases, however, of impotency, in which analysis affords us no information, as when the epididymis, for instance, is indurated and thickened, preventing by its pressure the seminal fluid passing on to its natural reservoir. Some years ago I directed the attention of the profession to this morbid condition of the epididymis, and pointed out the great utility of the hydrargyri bichloridum. The following case will shew the advantage derived from this treatment.

A gentleman consulted me in October, 1843. He was a remarkably healthy-looking man. He told me that he had never suffered from illness of any consequence, with the exception of having been confined to his room for a few weeks, with swelled testicle, attended with intense pain and acute inflammation, which was with difficulty removed. When, however, the acute symptoms and swelling had subsided, he discovered, that although the appetite remained, the power of sexual gratification was entirely lost; nor could he exert it under any circumstances. This produced a considerable degree of mental excitement, for he was engaged to be married.

On examination, I found swelling and some remains of hardness in the testicle; the epididymis was considerably indurated. Under these circumstances I prescribed the bichloride, in the use of which he persevered for several months. The effect of this medicine at first was scarcely perceptible; but the testes began to get softer and more natural. The hardness in the epididymis also gave way, and at last disappeared. When the epididymis

recovered its natural state, the capability of sexual indulgence returned. The condition of the epididymis in such cases will be better understood by the following diagram :—



Explanation of the Plate.

A. The body of the testicle.

BB. The tubuli testis.

C. The rete testis.

G. The ducts which convey the seminal fluid to the prostatic portion of the urethra, and when open allow the seminal fluid to escape with the urine, and on going to stool.

H. The vesiculæ seminales, showing the spermatozoa conveyed by the vas deferens from the testicles.

I I I. The rectum.

J J. The division of the vertebræ.

K K. The skin divided.

L. The bladder.

M. The bulbous portion of the urethra.

N. The corpus spongiosum.

U. The epididymis indurated, which explains how impotency is produced by preventing the seminal fluid passing to the vesiculæ seminales.

D. The vasa deferentia.

E E. The epididymis.

F. The vas deferens.

O O. The urethra.

P P. The corpora cavernosa.

Q. The body of the penis.

S. The symphysis pubis.

T. The anus.

To insure the full effect of the bichloride and perfect recovery, a perseverance in its use for a sufficient period is absolutely essential. This will be exemplified by the following case, which occurred to me somewhat about the same time :—

A gentleman from the country called upon me, to request that I would prescribe for him. He stated that he had come to London to be married, and that the marriage was to be celebrated in three months; he had, however, discovered that his sexual desires and capabilities were both extinguished. Looking upon this as the effect of some mental or nervous emotion, I endeavoured to re-assure him, and to convince him that he would soon be restored. He seemed delighted with my assurance, and at once commenced the plan I suggested, which he regularly pursued for two months; but I regret to state, without the slightest benefit. I now proposed to examine the testicle, when, to my utter astonishment, I found the epididymis of both testicles enlarged and indurated. As he was a man of a very religious turn of mind, I never for a moment suspected that his disease was attributable to any illicit cause. He assured me that he had never had swelled testicle in his life, nor had he indulged in any vice whatever. Nevertheless, he did not account satisfactorily to my mind, for the knowledge of his impotency.

I directed him to take the bichloride, which he continued for a short time, when he became dissatisfied, and said that he had always been disappointed; I then lost sight of him, and was informed that he had consulted some one else. I have had no opportunity of ascertaining the result; but I know that he has not been married yet, if this can be construed into any indication of what may have happened.

The following case is one in which the efficacy of the bichloride, when continued for a sufficient length of time, is satisfactorily proved : —

A gentleman from one of the manufacturing districts, who frequently visited London, on one occasion contracted gonorrhœa. This was attended with high inflammatory action, producing swelled testicles, which confined him to bed for several days. When the inflammatory symptoms had subsided, he left London, the testis continuing enlarged, but not painful. On his return home, however, he discovered that he had lost all sexual power. This was the cause of a good deal of anxiety and irritability of temper, as the impotency continued without intermission for the space of two years, notwithstanding he had consulted some of the best surgeons in his neighbourhood.

A patient whom I had relieved from stricture, persuaded him that he was suffering from a similar disease, and strongly urged him to consult me. On examination, I found the urethra perfectly healthy ; but the testicles enlarged and somewhat hard, and the epididymis indurated. I now apprised him of my view of the case, and urged upon him the absolute necessity of his perseverance in the bichloride which I then prescribed for him, and which he took for some months before he perfectly recovered. I have frequent opportunities of seeing this patient, who is in excellent health.

Numerous cases of a similar character have come under my care, where the bichloride has proved of the greatest use. Many of my professional friends, extensively engaged in public and private practice, have ordered it with the same beneficial results.

An extensive experience has confirmed the opinion I

have given, of the benefit to be derived from its proper exhibition, when the epididymis is indurated, swollen, and enlarged, preventing the seminal fluid passing forward to the vesiculæ seminales. *I cannot, however, too strongly urge the necessity of the practitioner carefully examining the condition of the testicle, before prescribing this medicine; for varicocele and other diseases of this organ, closely resemble the disorder under consideration, but they require a very different mode of treatment.* Perhaps the following case will illustrate the point.

A medical gentleman, practising in the country, wrote to me, stating that he had been induced, in consequence of reading a former edition of this essay, to take the bichloride to remove a thickening of the epididymis, caused by inflammation of the testicle which was brought on by severe horse-exercise. He continues, "after steadily persevering in its use for twelve months, I find myself no better, and my general health declining."

He also stated, that he had never suffered from syphilis or gonorrhœa, nor had ever, in any way, interfered with the healthy action of the testicles, except by the horse-exercise referred to. Being unable to form a satisfactory opinion without an interview, I suggested the propriety of his coming to town; and soon afterwards he paid me a visit. Upon examination, I found the *epididymis perfectly healthy*, but the veins varicose, and the functions of the testicle very much disordered. It was evident that the epididymis had never been diseased; and that the *impotency* was occasioned by a *very different cause*.

This is, by no means, a solitary instance. I have had under my care several medical men; a great many of

whom, strange as it may seem, had been taking the bichloride for some time, previous to their applying to me: and, with the exception of a few cases, it would have been much better if its use had not been resorted to.

When spermatorrhœa has been occasioned by long-continued masturbation, more especially if the practice had been commenced in early life, the nightly emissions frequently disappear and are replaced by diurnal pollutions, in consequence of the system being unable to support the double discharges. In speaking of such cases, Lallemand observes, "that both the patients and their medical attendants are led astray during the most severe periods of the disease, by the diminution or entire cessation of the nightly pollutions; diurnal discharges, the effects of which are much more serious, take their place, and become permanent; complete impotency often being the result.

"The effects of nocturnal pollutions are generally supposed to be proportioned to the abundance, frequency, and energy of the symptoms that precede and accompany them. This conclusion, however, is very false; for it is generally when the emissions become less frequent and less abundant, that they are followed by serious and protracted symptoms. This anomaly, however, is more apparent than real, for the nightly now become conjoined with daily pollutions, which latter likewise escape, without any sensation, passing off with the urine, or when the patient is at stool, without either his knowledge or observation. It is of importance, therefore, to warn both surgeons and patients of the errors which they are daily committing, in estimating the importance of these nightly pollutions by their abundance and frequency."

This discharge is unfortunately not discoverable by the patient, because the seminal fluid is intermixed with the urine, and requires time for its subsidence.

Seldom a day passes without patients applying to me, who state that they have most of the symptoms described in this essay; but that they observe little, if any, discharge from the urethra; *the seminal fluid escaping from the debilitated ducts and mixing with the urine eludes detection*, and thus they are deceived.

When spermatorrhœa can be distinctly traced to such a source, the seminal ducts will be found much relaxed, and the prostate gland swollen. These patients frequently complain of a peculiar pain in the head, attended with forgetfulness and disordered vision. If intercourse be attempted, emission will take place too soon. The nightly discharges, when they occur, take place, without erections, dreams, or any pleasurable feelings, sufficient to mark the occurrence.

Lallemand notices numerous instances of this kind; among which he relates the case of a young man who had been treated by distinguished practitioners both in England and Germany, for a chronic disease of the brain, but without any benefit. This gentleman suffered from frequent giddiness, occasioned by the escape of large quantities of seminal fluid, attended with such a weakness of the limbs, that he was afraid of walking alone. At length his mind was affected, and became so far deranged, that he doubted the reality of everything he either saw or heard. By degrees his digestive organs became so much impaired, that his medical adviser recommended him to travel through Belgium and Germany. During his lengthened tour everything seemed illusory and fantastic; he fancied himself in a painful dream; he also

imagined that every person he encountered was either jesting with or conspiring against him.

Three Englishmen who were pursuing the same route were immediately the objects of his delusion. One, from an excessive indulgence in irony, attracted his especial hatred; and he was several times tempted, as he passed him, to pitch him overboard into the Rhine. These hallucinations remained in the memory of the patient, even after he had been cured. Lallemand very properly proposes the question, whether if in one of his moments of rage he had thrown his supposed enemy into the Rhine, would this hallucination have been admitted? And if so, would its cause have been suspected?

Many professional gentlemen deceive themselves very much in their treatment of such cases. Patients, for instance, apply to them, in consequence of sexual inability; but the practitioner makes their complaint a subject of ridicule, and concludes by assuring them, that it depends altogether upon a disordered imagination; and that if they will but divest themselves of these morbid fancies, they will speedily recover. Others direct large quantities of medicine to be taken, in the expectation that they will thus effect a cure; while a third class recommend marriage, with the utmost confidence in its success. But the patients, after adopting these recommendations, and failing to obtain the promised advantage, seldom consult the surgeon a second time, either for this or any other ailment. The practitioner thus deceives himself, and believes that he has succeeded in curing his patient. Not long since, a gentleman engaged in extensive consulting practice in the city, informed me that he cured all his cases of spermatorrhœa with sesquichloride of iron. Having at the time when this conversation

occurred, several of his patients under my care, I naturally made some enquiry, and in reply was given to understand that the reason they told Mr. —, “they were quite recovered,” was to avoid taking any more medicine, which experience had proved to be useless. Patients have a great objection to apprise their family surgeon, that, notwithstanding all the kindness and attention exerted in their behalf, they are still left impotent; an objection which operates more forcibly, if, as is frequently the case, they are in the habit of meeting in society.

It not unfrequently happens that I am called upon by patients who have been married for some time, but who have not been able to fulfil their engagements. By far the greater part of them have led a life of the strictest celibacy; diurnal pollutions having been produced in early life, the sexual desire was partially lost. Such patients found no difficulty in waiting till a favourable opportunity occurred of forming what they termed a “judicious and advantageous alliance;” apparently forgetting that nature intended every part of the human body to be properly exercised; and that this law cannot be infringed without incurring the penalty. The muscles, especially the *erectores penis*, under such circumstances, are found weak and debilitated; the testicles are loose, flabby, and pendulous; the erectile power much impaired; and the desire for sexual indulgence greatly diminished. These cases prove very tedious, and require much time and patience before the patient can be perfectly restored.

When spermatorrhœa arises from, or is accompanied by general debility, we must not rest satisfied with merely arresting the pollutions; but stimulate the

muscles, the *erectores penis*, *acceleratores urinæ*, *cremaster*, etc., and endeavour to arouse them, and all the other parts immediately connected with the genito-urinary apparatus, from their state of lethargy, before the patient can attain sufficient tone and power. This, I find, can be most effectually accomplished by directing a galvanic current from the lumbar region right through the perineum.

The ergot of rye, in three-grain doses three times a day, will prove useful, when there is a difficulty in emptying the bladder. The ethereal tincture of iron, with the ammonio-citrate, and the *ferri citras c̄ quina* will also be beneficial.

If the patient is young, and much irritation exists, a pill of three grains of camphor and two of *hyoscyamus* will be found serviceable. Warm baths; the avoidance of stimulants, regularity in diet, and drinking freely of gum water will prove useful.

When there is great debility about the sexual system, cold bathing is to be recommended; but its bracing influence must not be relied upon, unless the seminal discharges have been arrested.

I have seen a great number of patients who have been under hydropathic treatment, and who derived so much benefit as to induce them to believe that their health was thoroughly re-established. I mentioned a case at p. 55, and have seen a great many of a similar character, where the symptoms suddenly returned after marriage, and left the patient impotent.

When the generative system has been re-established, and the discharge prevented, I find a well-regulated course of cold bathing attended with great and permanent benefit.

When spermatorrhœa of long-standing is complicated with syphilis, a desert-spoonful of concentrated decoction of sarsaparilla, with three grains of the extract of taraxacum, will be found useful.

When gonorrhœa produces spermatic discharges, two-grain doses of the citrate of iron and quinia, taken with a wine-glassful of infusion of buchu, or of pareira brava, I have found to greatly facilitate the cure.

When the urine, in spermatorrhœa, deposits the lithate of ammonia, the oxalate of lime, or the triple phosphates, ten drops of the nitro-muriatic acid in a wine-glassful of water taken an hour after the principal meals, will keep these salts in solution, and prevent the irritation which they occasion. In the case of the lithate of ammonia, ten grains of the carbonate of potass must be substituted.

If there be great irritation of the bladder, with frequent desire to pass water, five grains of Dover's powder every six hours, will relieve this distressing symptom.

The diet should be regulated entirely from the analysis of the urine. If the secretion be copious and of low specific gravity, animal food should be given freely, and the diet generally should be nutritious; but if the urine be of high specific gravity, and but very little passed during the day, a diet, consisting principally of vegetables, and the avoidance of wine, spirits, and all exciting beverages, should be recommended.

Sleeping upon a mattress, in a well-ventilated apartment, and early rising will also prove useful.

It will be evident from the foregoing remarks that it is not only necessary to ascertain the existence of sexual debility, but also to discover how far it is complicated with other disorders, so that we may remove them and

prevent the disease returning. It will also be seen that much importance is attached to determining whether the sexual organs have been debilitated in early life, before the patient has done growing, and before the constitution has been properly formed, so as to enable the system to resist its influence. If we injure the young sapling the injury is much more lasting, and the effects perceptible for a longer time than if the same accident had occurred to the well-formed and mature tree.

I have been occasionally consulted by healthy and even powerful men, in consequence of failure after marriage, who had in no way interfered with their generative system. This disappointment I generally found to result from over anxiety and timidity, and to require merely a little assurance to restore the natural power; indeed, many, when the novelty and excitement had worn off, recovered spontaneously.

When the sexual organs have been weakened in youth, before the generative system has been completely developed, I find that the seminal vessels remain more or less relaxed in after life, which allows the seminal fluid to escape at stool, and to pass off too quickly during connexion. Under these circumstances, bathing, regularity of diet, travelling, etc., afford only temporary benefit; and medicine, according to my experience, produces but partial relief. The reason is, that the disease being purely a local affection requires to be treated by remedies acting directly upon the part. No surgeon, I presume, would ever think of attempting to cure a corn or a bunion by medicine, more especially if they had been caused by wearing a tight boot, when the patient was a boy at school. Opium would relieve the pain; and iron improve the appetite; but neither could act upon the local affection—

the cause of the derangement. The same reasoning will apply to spermatorrhœa, when it is occasioned by relaxation of the seminal vessels.

Such cases of sexual debility, before the discoveries of Lallemand, were considered incurable, or supposed to be dependent on some morbid imagination of the mind. This accomplished physician had for years directed his attention to mental affections; and wrote one of the best works, in the French language, upon the subject. It was from seeing so many patients supposed to be suffering from affections of the head, but without being able to trace the real cause of their malady, that he was led to investigate the subject more closely; and he ultimately discovered that the real cause of the suffering was to be referred to the effects of the seminal losses upon the constitution.

Lallemand having observed the benefit which followed the application of nitrate of silver to the eye, when its vessels were relaxed by disease, inferred, that if he could stimulate the relaxed seminal ducts by the same application, a corresponding benefit would result. To effect this, he invented his "porte caustique."

It consists of a middle-sized catheter tube, open at either extremity, but closed laterally. It is slightly curved at one end, but straight at the opposite, and encases a flexible stilette, named "porte-caustique," or caustic holder, which is longer than the tube, and can be pushed an inch or so beyond the extremity. Attached to this is a piece of platinum, formed into a groove. The stilette is some inches longer than the tube, and is furnished with an adjusting screw, by which it can be firmly fixed at any length, so as to expose any required portion of the groove, by projecting it beyond the end of the canula.

When prepared for use, it resembles an ordinary

catheter, and as such is to be introduced into the urethra, and passed on until it arrives at the seminal ducts, as shewn at E. in the following diagrams. The porte-caustique is then exposed, and, by a practised management, the debilitated ducts are cauterised, as shewn at E, fig. 2.

Fig. 1.

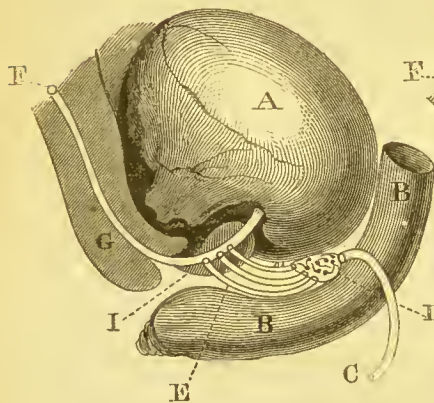
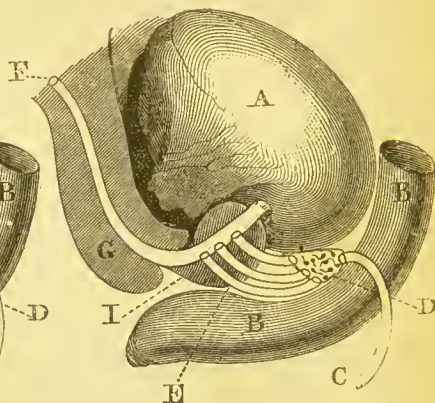


Fig. 2.



Explanation of Diagram.

A. The bladder.

B.B. The lower bowel.

C. The spermatic chord which conveys the seminal fluid from the testicle to D. the vesiculæ seminales or seminal reservoirs.

D. The vesiculæ seminales.

E. The seminal ducts entering the urethra through the prostate gland.

F. The urethra.

G. A part of the penis shewing the urethra cut open.

I. The prostate gland.

FIG. 1. Shews the prostate gland and the seminal ducts in their healthy state.

FIG. 2. Shews the prostate much swollen, and the seminal ducts relaxed and open. It will be readily understood by looking at the position of the vesiculæ seminales (D.) situated between the lower bowel and the bladder, why the seminal fluid escapes from these reservoirs, when the seminal vessels are debilitated, and the patient has a bulky stool, or when the bladder contracts to force out the last drops of the urine; the seminal fluid, forced into F. the urethra, escapes at its orifice, staining the linen as with white of egg.

Care should be taken that the bladder be completely emptied before the cautery is applied. If the patient should pass urine, either at the time of applying it, or immediately after, the action of the nitrate will be interfered with. Another object of essential importance is, the measurement of the length of the urethra, as this is found to vary very much in different individuals. Measurement is necessary, to enable us to determine the exact place of the prostatic portion.

In making the application, it is not only quite unnecessary, but even improper, to pass the *porte-caustique* several times over the seminal ducts; a rapid movement to the right and left is all that is required. Great care should be taken, that the cauterization be strictly confined to the diseased portion of the canal.

The urine should always be carefully analysed before cauterization, for the purpose of ascertaining whether crystals of lithic acid, or of oxalate of lime, appear; and the conditions of the urine, which give rise to their presence, should be corrected.

All severe exercise, after the application, should be prohibited, and a light, nutritious, unirritating diet enjoined. The use of wine and spirits should be positively interdicted.

Patients who have been cauterised seldom experience much benefit for the first fortnight or three weeks after the application; and, not unfrequently, a month or six weeks may elapse before the ducts become perfectly contracted.

During this period, there is often great risk of a relapse, more especially if the patient is married; for he has frequently strong and vigorous erections, and a feeling of strength he had not before experienced.

Hence such patients often indulge their sexual desires before the cure has been completed.

The urethra should not be cauterized a second time for six weeks or two months, even in cases of relapse. A second cauterization, performed sooner, often induces a degree of irritation in the prostate which it might be troublesome to allay.

In some cases I have been obliged to apply the cautery two or three times, and even more frequently, before I succeeded in arresting the nocturnal and diurnal pollutions. In obstinate cases, I have been called upon by some of my patients previously cauterized, to again apply the nitrate, in consequence of some of their old symptoms re-appearing after a period of twelve or eighteen months, occasioned by too free indulgence. In most of these cases, the symptoms were immediately relieved by a single application, and without much inconvenience, the urethra having been accustomed to the introduction of the instrument.

The application of the cautery causes but little inconvenience at the time, particularly if the patient takes a warm bath, so as to relax the urethra, and allow the porte-caustique to pass readily to the prostate. For about twenty-four hours after the cauterization, the patient suffers pain on passing water. Rest, however, and barley-water, are all that are necessary, and in most cases they remove the scalding. I always prohibit horse-exercise, stimulating drinks, and recommend quiet for a day or two. By enforcing these instructions, I have never met with an instance where it became necessary to continue their observance longer than a few days; and notwithstanding the great number of cases which I have cauterized during the last twelve

years, I have never seen any ill consequences result from it. Nay, I feel satisfied, that if properly performed, it will never do any mischief. Lallemand fully confirms this opinion. He observes, "It is now twenty years since I first commenced cauterizing the urethra. Since that time I have cauterized the prostate almost daily, and never knew the application to do any harm."

I have been frequently consulted during the last few months, respecting the nature of cauterization, in consequence of the daily advertisements of a Mr. Courtcnay decrying its use. *But he, like all those who write books promising the speedy and effectual cure of this disease, is profoundly silent respecting the means of effecting so desirable an object.*

I trust I have said enough to satisfy any disinterested party, that I do not treat all cases of spermatorrhœa by one and the same means; and that I am not one of those who believe in the infallibility of any remedy. I have found cauterization of great use in cases where it was suitable, but I by no means believe, that it is equally applicable in every stage and variety of seminal debility.

But even when the case is suited for cauterization, it is important that it be properly performed. I have been consulted by patients who informed me that their urethra had been cauterized, in some instances, with a BOUGIE, in others with a *catheter*: of course, without benefit. In none of these instances had the instrument reached more than two or three inches from the orifice of the urethra. These patients expressed their surprise, when the porte-caustique was introduced, and passed much further from the orifice than they had been led to believe the disease existed.

Of course, unless the seminal ducts be cauterized, no benefit can be derived. We might as reasonably expect to be relieved from tooth-ache by applying kreosote to the tongue, as contraction of the seminal ducts to follow the application of the cautery to the bulbous or membranous portion of the urethra. I wish to impress this upon the minds of professional men, for we constantly see many and valuable remedial agents fall into disuse, in consequence of not being properly directed.

The following case will shew the advantage of cauterization after medicine had failed to give relief:—A gentleman was affected, for upwards of two years, with a discharge from the urethra, which was looked upon as the result of gonorrhœa. He consulted a medical practitioner, and remained under his care for the above period. He put him under the influence of copaiba, cubebs, and the whole routine of urinary astringents, administered too in the most extraordinary doses. The disease, however, continuing unabated, his medical attendant suggested marriage as a means of cure, which advice the patient adopted. The consequence was, that I was shortly afterwards consulted by his lady, who laboured under the impression that she was suffering from the effect of his previous delinquencies, as her husband informed her that he had been suffering from disease previous to his marriage. However, I could not discover any satisfactory evidence of gonorrhœa, which would have been most in accordance with the lady's state; and although I endeavoured to assure her, by explaining that, immediately after marriage, many ladies were often affected in a similar manner, I could not succeed in removing the impression from her mind. Under this conviction, she begged her

husband to call upon me, when he at once admitted that he had been imprudent, and expressed his fear that he had infected his wife. I was soon able to satisfy him on the latter point: he then gave me the following particulars. The discharge from the urethra had been brought on by improper indulgence; and he now found that although he could not have a perfect erection, the most trivial circumstance caused a sort of seminal emission, that during the night, he frequently had imperfect nocturnal discharges, and, though sleeping with his wife, he felt not the slightest desire, nor was he capable of the sexual act. This he said was productive of much unhappiness to both parties.

I assured him that the case was not so hopeless as he imagined, and explained to him what it would be necessary to do. The urethra was cauterized, which afforded great relief; and the patient is now in perfect health.

It cannot be too strongly impressed upon the mind, that marriage under these circumstances is very frequently followed by impotency, which often makes its attack suddenly, and without any warning, so that the party is not aware, until he makes the trial, of his inability to consummate the marriage.

I am frequently consulted by persons who have been married for years, without having had offspring. In such cases I have often found the uterine and vaginal secretions unhealthy, indeed in one or other of the unhealthy conditions previously noticed. Infertility is generally the consequence; but if there should be issue, the offspring is generally delicate.

I cannot positively state how far the treatment adopted in these cases may have been successful, as I

generally lose sight of the patient when the uterus has been restored to its healthy state. Some cases, however, have occurred, in which I have had opportunities of becoming acquainted with the result. One lady, recently under my care, the wife of a surgeon, who had been married for eleven years, without having had any children, was, a few weeks ago, delivered of a healthy child; and I have, at different times, met with cases of a similar description.

I have reason to believe that pain in the back; leucorrhœa, or what ladies term "the whites," with other uterine derangements, which frequently interfere with fertility, are often occasioned by excitement without the gratification.

Severe study, more especially if the patient be of the nervous temperament, and of a delicate constitution, will, from the confinement, mental exertion, and sedentary life, often occasion spermatorrhœa. This, as I have before observed, frequently occurs in chamber barristers who sit for many hours together on a soft chair.

A gentleman called upon me in 1846, with a view to my professional assistance under the following circumstances. He stated that he had recently left the university, but that for a considerable time before the end of the term, he had read regularly eight or ten hours a day, without being sensible of any great inconvenience. Confinement, however, and sitting too long in one position, ultimately brought on nocturnal emissions, which went on increasing, till at length he was troubled sometimes twice, and even thrice, in the course of the night. On the day following he was invariably stupid and lethargic, with a dull pain at the top of his head, which mostly continued throughout the day, subsiding

towards the approach of evening, and leaving him free till after another attack.

At first, these emissions did not occur more than once a week, or about every ten days. Each attack, however, increased the severity of the head-ache, and he was longer in recovering from its effects. At the same time, his digestion became bad, his eyes weak, and his bowels very much constipated.

He applied to many of the profession, and was assured that all his miserable feelings would cease so soon as the anxiety occasioned by his approaching examination was over. After his return home from college, finding he did not recover as he expected, and his family medical attendant not having relieved him, he was induced by the promises set forth in the newspapers to apply to some of the London charlatans, to whom he paid a considerable sum. The acids which these persons almost invariably give, greatly aggravated the already deranged state of his stomach. The vexation, however, from disappointments in the expectations raised, together with the irritation occasioned by their threats of exposure, greatly increased the nervous trepidations from which he was suffering.

At the time he became my patient, I had great reason to fear that his mental excitement would prove very unmanageable. The pain in the head was excruciating, the palpitations of the heart might have been readily mistaken, by persons unaccustomed to such nervous sympathies, for disease of that organ. He also suffered severely from spinal irritation, which caused great unsteadiness of gait. His melancholy and despondency were extreme. All these symptoms were greatly aggravated by the nocturnal emissions, which now, unfortunately, had become much more frequent. I remember

calling upon this patient one morning, when I found him trembling and shivering, as if in the cold stage of an ague, which he attributed to two emissions that had taken place during the night. He had all the symptoms of incipient amaurosis, which caused great despondency, for he had been told by his regular attendants, that this might probably terminate in complete blindness. The state of the urine, the stains upon the linen, the seminal discharges at stool, and the weeping from the urethra, gave ample proof that he was suffering from *spermatorrhœa* in a very aggravated degree. A highly nervous temperament, and naturally delicate constitution, accounted for the severity of the symptoms.

The cautery was applied to the urethra, and was attended with marked benefit. He was then treated actively for the threatened amaurosis, and fortunately the eyesight was soon restored. Mineral and vegetable tonics were prescribed, to invigorate the frame, and they completed the cure which the cauterization had begun. I have seen this gentleman repeatedly since, and he is now in the enjoyment of good health.

In consequence of the high eulogiums passed upon me by the author of a small pamphlet, entitled "An Exposure," etc., and whose case I have just detailed, I have been consulted by a vast number of patients, many of whom were suffering from *spermatorrhœa*. Some represented to me, that, much to their annoyance, "their disease was pronounced as merely imaginary, and that all would soon be right if they indulged in sexual intercourse." But the disease continuing to advance, and the symptoms becoming more severe, secondary affections of an alarming nature set in, and the patients were treated for disease of the heart, lungs, spine, etc.

Notwithstanding the discharge from the urethra had

been repeatedly forced upon the attention of the surgeon—notwithstanding the confidence with which the hope was urged, that if the emissions could be suppressed, recovery would speedily follow—what was the result? The ideas of the patient were looked upon as chimerical, and his reasonings and hopes treated as the wild and visionary creations of the hypochondriac! That both physicians and surgeons ought carefully to investigate the nature and cause of disease before they pronounce it imaginary, will appear from the following case:—

I was consulted by a gentleman, who informed me that he was the son of a very eminent surgeon practising in London, and that he had been an invalid for many years. His disease commenced with a frequent desire to pass water, the last drops of which he generally found mixed with a thick slimy substance. He soon found that the desire for sexual indulgence had greatly diminished; faintness occasionally followed the evacuation of the bowels, especially if the stool was hard or costive, and forced away by much straining. These symptoms were accompanied with a wish to be alone; he became timid, indolent, irresolute, inactive, and negligent in his dress and appearance. He complained of a peculiar “opening” pain at the top of his head, which was greatly increased after an involuntary emission.

For several months he was under the professional care of his father, but derived no benefit; he also enumerated many of the most eminent surgeons in London, whom his father had consulted about him, but the result was the same. In this state he continued for about three years; but the disease increasing, and his health having become seriously impaired, he was recommended to travel.

After an absence of eighteen months, he returned to London with his general health greatly improved. But the emissions at night, and the seminal discharges at stool, continued with as much violence as formerly. He assured me that he had repeatedly called the attention of his medical advisers to the nightly emissions; also to the discharges when at stool, and the weakness and exhaustion which followed. His representations caused only a smile—the smile of incredulity—followed by a hint, that he was “nervous,” and over-sensitive, and if not very careful, “he would become *hypochondriacal*,” to prevent which *marriage* was recommended. He followed this advice, and in consequence became a great deal worse. All the symptoms were aggravated, and a number of others set in.

This patient suffered from a hard, dry, hacking cough, which induced the belief that he was consumptive. He could not rest at night, from an uncontrollable apprehension of sudden death. Under these circumstances, he called upon me; and I must confess, I hardly ever saw a more miserable-looking man.

I found both testicles considerably reduced in size; the left almost wholly absorbed; the veins of the scrotum large, distended, and varicose; incessant desire to pass water, which came dribbling away, so that the drops fell at his feet; his eyes were dull, heavy, and watery, as if he had been weeping; the urine was found loaded with spermatozoa.

I commenced the treatment of this case by cauterizing the urethra, which was done three times. Marked benefit followed each application. Galvanism was applied along the spine, to give tone and energy to the spinal chord. The dry cupping-glasses were also frequently used. This treatment was followed by very marked

relief, an evidence of which will be found in the following extract from one of his letters:—"I sleep well, and my sleep is refreshing. My appetite is good; and I digest my food well. My nervous symptoms have almost disappeared. I can read four or five hours a day, and can remember well what I have read. This I think a good sign, as no doubt you will recollect, that before your treatment, if I attempted to study even for half-an-hour, it was certain to bring back the pain in my head, so as to force me to leave off; and my memory was so bad, that I could not call to mind a single particular of the subject upon which I had been reading. Since the application of the cautery, I can retain my water for a proper time, and that without feeling any very great inconvenience. The inclination (as well as the power for sexual indulgence) has returned. We are daily receiving the congratulations of our friends, upon the improvement in my health, and the extraordinary change for the better in my appearance. I now feel cheerful, and can enjoy society.

"For the first time, I yesterday mentioned to my father that I was wholly indebted to you for my recovery; but, as I expected, he only ridiculed the idea, denouncing it '*downright nonsense*,' and he strongly reminded me of the proverb about the *prophet*."

I think this case will fully bear out the principles which precede its details. Here a surgeon—a gentleman, too, justly eminent for his professional knowledge—sees his own son gradually sinking, the victim of disease; and yet his suspicions are never once excited as to the real cause. Nay, such was the infatuation, that an honest and disinterested avowal of the truth, met only the reproof of stern and obstinate incredulity. If the profession would give this but half the attention bestowed on

other maladies, much good would result, a great amount of suffering would be prevented; and the charlatans, who prey upon the miseries and fears of the unfortunate, would find their trade neither so prosperous nor so profitable. What is the unfortunate sufferer from spermatorrhœa to do? where is he to seek for either consolation or relief? The bulk of the profession treat him with derision or irony, perhaps with both. What resource is then left him, but to seek, out of the pale of the profession, that consideration and hope of relief, which its legitimate members deny. If the regular practitioner would but make himself acquainted with the nature and symptoms of spermatorrhœa,—if the principles of treatment laid down in these pages were more generally adopted, instead of invariably denying their service or utility,—one of the most fertile and seductive incentives to charlatanism would be most effectually paralysed—nay, even annihilated. In one of the volumes of the *Medical and Physical Journal* will be found the following case, which occurred at St. George's Hospital, and was recorded by Sir Benjamin Brodie:—

“ This patient was admitted into St. George's Hospital, on account of a pain in the left testicle. The organ was soft, flaccid, and about a third of the size of the opposite one. The patient had not received any injury, nor had he had gonorrhœa; but for five years had practised masturbation once a day. The testicle, before it was wasted, was the seat of very severe pain and swelling; the patient was sad and melancholy. Various remedies were tried in vain, and he left the hospital without relief.”

Now, when we reflect upon the history of this case, and compare its symptoms, there can be very little difficulty in coming to the conclusion that this patient was the victim of *inveterate spermatorrhœa*. I am satis-

fied, from the experience I have had in the treatment of numerous cases of a precisely similar character, that *cauterization* of the *urethra*, followed up by the treatment previously detailed, would have been attended with very different results, and the success would have been the same in this instance as in those which I have recorded.

When I first introduced the practice of Lallemand into this country, I encountered more difficulty than I anticipated, and more than I had any reason to expect. The test, however, of twelve years' experience has sufficed to convince the most incredulous of the great benefit obtained from the direct application of the nitrate of silver to the relaxed and debilitated seminal vessels.

There are, however, some well-meaning and sincere parties who consider it their duty to object to everything that is new; others, I regret to say, are actuated by very different motives. I have had occasion to mention, at page 16, the case of a gentleman, who died in the Northumberland House Asylum, having been deterred by misrepresentations, from submitting to the application of the cautery; and I have lately seen a work, professing to be a translation from the German, by a Mr. Courtenay, constantly advertised in the daily papers. This work, I find, endeavours to decry the practice of Lallemand; and I regret to observe that the translator, in order to effect his purpose, has resorted to numerous misstatements, and this, too, with a thorough knowledge that they are incorrect. Mr. Courtenay, in pp. 93, 94 of his work, professes to relate the history of a case; the treatment of which he most unquestionably intends to impute to me. When my attention was first directed to the subject, I imagined he might have been imposed upon, and therefore sent a friend to prove to him that the statements were a tissue of falsehood from beginning

to end, and *that no such case had ever occurred*. Mr. Courtenay endeavoured to evade the question, by stating that I was not the physician to whom he alluded, and proposed to expunge anything that might lead to such an inference.

I now felt satisfied from my friend's account of the interview that the case had been *deliberately concocted* for *his own purposes*; I therefore declined acceding to such terms, and preferred giving publicity to the facts.

I should not have condescended to notice such a production at all, had it not been written in a manner well calculated to deceive those who are unacquainted with its author.

Patients suffering from spermatorrhœa are generally nervous, and easily frightened by the consequences which are said to follow the application of the cautery to the urethra, although they may have witnessed its application to the throat and eye with the best effects.

Charlatans, aware of the great fear nervous patients have of instruments, promise to cure this disease by medicine the virtue of which is known only to themselves; but with what results, the following case will shew:—

Mr. —, a farmer, living in the county of York, was induced, in consequence of seeing in the daily papers the advertisements of R. and L. Perry and Co., of Berners Street, Oxford Street, to purchase their medicine, which promises the safe and speedy cure of spermatorrhœa. After persevering in its use for some time, without experiencing the promised relief, this gentleman proceeded to London, and had a personal interview with one of the firm, to whom he communicated the nature of his disorder. He was also induced to pay him *six hundred pounds*, and he subsequently gave Bills of Exchange for

two thousand pounds more. The particulars of *this extraordinary case* have been published by Mr. J. D. O'Connell, in a pamphlet entitled "The Anti-Silent Friend." The statements cannot be questioned, as they were attested upon oath in proceedings before the Court of Chancery, which compelled these persons to refund every farthing.

I have been repeatedly consulted by patients who complain of having paid these advertising people large sums of money; and I have at this moment a gentleman under my care, sent to me by Mr. B. W. Hutcheson, of Sidney-street, Cambridge, in consequence of suffering from spermatic discharges. He gave one of these firms a bond for one thousand pounds payable on his coming of age. I have also another sent to me by Dr. Chapman, of Grosvenor-street, Grosvenor-square. This gentleman is proceeding against Curtis, the author of "Manhood," for a similar fraud.—This case was set down to be tried on the 6th of this month, but Curtis prevented it coming on, by refunding, at the last hour, the money, and paying the costs.

This case had not been settled more than a few days, when Dr. Henry Bird, of Chelmsford, sent me a patient who had the misfortune to fall into the hands of the same party. It has rarely occurred to me to see a person suffering more intensely from mental anxiety than this unfortunate patient, in consequence of a peremptory demand from Curtis for the payment of a part of the bond which he had obtained on the promise of a cure.

A gentleman called upon me a few days ago, in consequence of suffering from an affection of the eye. A copper-coloured eruption on the face led me at once to inquire if he had suffered from syphilis. He assured me that this was impossible, as he had always used the

disinfecting lotion discovered by Mr. Perry for the prevention of the disease. But the character of the eruption; the ulceration in the throat, and the appearance in the eye, left no doubt in my mind, that he was suffering from syphilitic iritis. I took the trouble to analyse this lotion which professes to do so much, and found it to consist of solution of zinc coloured with a vegetable dye.

The disappointment does not always end with the high price exacted for these professions. This gentleman, relying upon the promised immunity, considered himself safe, and had married before the deception was discovered.

I shall briefly refer to another case; for it is one of many that have come under my care, which, through trusting to these advertised remedies, have been followed by the most unhappy results. This gentleman informed me, that he had come some distance to place himself under my treatment, and gave me the following history:—He stated, that he had lived for many years in India, and had escaped the fever peculiar to the country till the year 1846, when he suffered severely. In about eight weeks he recovered from the attack, and was then ordered to the hills to recruit his strength. This change greatly improved his general health, but his sexual power did not recover its healthy tone. He was induced, in consequence of reading one of the advertised works on sexual debility, to purchase the medicine*

* In consequence of the constipation produced by the medicines that are advertised by Perry, Curtis, and others of this class, for the cure of spermatorrhœa, I have analysed these nostrums brought to me by my patients, so that I might be able to counteract their effects. They are all nearly alike, though advertised under different names, and consist of the tincture of sesquichloride of iron, syrup, essential oil, and water.

which promised a safe and effectual cure of this disorder. He paid these parties in all an *incredible sum of money* without obtaining the promised relief. He was at length obliged to apply to the surgeon of his regiment to relieve the constipation, which this medicine had occasioned, and was advised to marry as the best means of strengthening his sexual powers. This advice he followed, and in two years he separated from his wife, for he had not been able to fulfil his engagements. This I ascertained to be owing to a large fissure in the sphincter ani, which caused considerable irritation, so that the emissions took place before the sexual congress could be effected. I divided the fissure, got its surfaces to unite, and the injection of compound gall ointment into the rectum for a few weeks after, was all that was necessary to complete his cure.

These three cases have come under my notice while these sheets are passing through the press. I could increase this volume to nearly double its size, by detailing cases of a similar description which have at different times come under my professional care; but I think I have said enough to expose the iniquity of such practices.

There is another very important matter connected with the subject upon which I am writing. I feel that I cannot too strongly impress upon the minds of both physicians and surgeons, the importance of thoroughly investigating the nature of the case, before they recommend marriage to those suffering from sexual debility. Patients have repeatedly informed me, that they would have resisted all the importunities of their friends, had not their surgeon added the weight of his assurance, that they were perfectly fit for the marriage state.

There is much in the history usually given by this

class of patients, which, if not carefully examined, is calculated to mislead. I am frequently told, in answer to my inquiries, that they have occasionally suffered from nocturnal pollutions, attended with pleasurable sensations; and that they have been able to have connection without experiencing any difficulty. But a *stricter* inquiry generally elicits that it has been many years since the emissions have been accompanied with strong erotic emotions; that the sexual congress has been seldom, and that months elapse before a repetition.

There is another important circumstance to be considered in connection with these cases, and to which I cannot too strongly direct attention, viz., the difficulty of discovering, by microscopical examination in the ordinary way, the evidence of seminal fluid in the urine, notwithstanding it may be present in great plenty. This is owing principally to the disordered condition of the testicle. When patients have been suffering for ten, fifteen, or twenty years, the spermatozoa are much decreased in size, and differ as much in appearance from those of health, as robust and healthy children differ from the sickly infants we so constantly meet in the unhealthy localities of London. The spermatozoa too are generally mutilated and broken down. When healthy and perfect they may be readily discovered, even by an inch object glass; but when diseased in the manner described, much time, care, and patience are required, and the best eighth-inch glass is absolutely necessary.

I feel assured that much of the misery I have seen, occasioned by such patients marrying, is to be referred to the difficulty there is in discovering their true condition. Indeed, not very long since, the medical attendant of a gentleman whose wife had sued for a divorce, told me that he would as soon have thought of passing a

recruit with a broken arm into her Majesty's service, as he would of advising the gentleman whose case we were investigating, to marry, had all the facts been laid before him. I again repeat, that the very worst cases which have come under my observation, have been those of persons who have ceased for years from sexual indulgence, solely from want of desire.

This complete loss of sexual power is owing to a swollen and irritable state of the prostate gland, and a debilitated condition of the seminal vessels, allowing the seminal fluid to escape when the patient empties the bladder, or during a costive motion. (This will be more clearly understood by reference to the diagrams, page 74, to which the reader would do well to refer). It will also account for the seminal fluid passing off too quickly during connection; the seminal vessels being unable to retain their fluid for the time necessary to complete the sexual act.

I feel assured, from very extensive observation, that this condition of the prostate is the result of early excesses, and is much more common than is generally imagined. My friend, Dr. Beith, who has made many examinations into the morbid condition of the prostate gland, informs me, that he found this enlargement to be caused by the deposition of fat in its substance. He has been led to this conclusion by his anatomical researches at the Greenwich Hospital, which is one of the first fields in Europe for pathological inquiry.

When the prostate is thus enlarged (which I have found to be invariably the case when the disease has existed for many years), *the cautery should not be applied*, but the gland be reduced in size, and restored to its healthy condition.

This I am enabled to effect by an ointment of iodine

and chloride of zinc applied by means of an instrument constructed for the purpose. This possesses many advantages over cauterization, when the disease has been of long standing. It will be seen from the history of most of the cases I have published, that the cautery had to be repeated three or four times, in consequence of the ducts again becoming relaxed, and the emissions being in consequence reproduced. Experience has satisfied me that this is owing to the swelling and irritability of the prostate. This gland in health contracts upon the ducts as they pass through its substance; but when it becomes enlarged and irritated it loses this power. Cauterization in such a case can only stimulate the extremities of the ducts, which will account for their again becoming relaxed.

I have practised this treatment for upwards of five years, and am now of opinion that it will supersede cauterization, for it has many advantages over it. It is not attended with pain; nor does it require the patient in any way to interrupt his ordinary occupation: and, if I may judge from the experience I have had, when the swelling has been reduced, the contraction is permanent, and the treatment does not require to be repeated.

I am preparing a work for the press, in which I shall give the results of 2,300 cases treated by the ointment, and carefully detail the circumstances under which I found it most useful.

I should feel much greater delicacy in introducing any method of my own, as a substitute for that of Lallemand, had I not *had ample opportunity of testing its merits*. I lay no claims to originality; for the principle is the same, as that of this eminent surgeon. But

the ointment obtains the object in view, with more certainty, and without the inconvenience, which attends the use of the caustic.

I have been requested to prescribe for a great number of patients living in the country, who were suffering from one or more of the disorders previously noticed. Indeed, scarcely a post passes without my receiving letters requesting advice under these circumstances. I regret, however, that I am not in a position clearly to state how far I have been successful in their medical treatment. Such patients mostly write under assumed names, giving as their address, "the post office, till called for."

Mystery of this kind arises from apprehensions on the part of patients, that their cases form subjects for conversation with the practitioner; and that as little ceremony would be observed in divulging the secrets, or in betraying the names and circumstances of the patient, as in recording the general history and symptoms of the disease. It may be as well, therefore, to inform patients influenced by such apprehensions, that the confidential communications between a patient and his professional adviser, are always held sacred by every respectable practitioner. Threats and even the absolute exposure of the infirmities of nature, belong to, and are practised by, the unprincipled alone. With the respectable practitioner, neither the feelings of the patient nor those of his friends incur any risk of outrage. Were the knowledge of these facts generally disseminated, I should have been able to state more clearly the efficacy of medical treatment in these affections. There is not a case in this volume, the history of which would enable any, except the patient himself, and the practitioner whom he may have introduced to me in consultation, to recognise the individual object of the clinical history.

I am frequently receiving communications from physicians and surgeons, practising in different parts of England, as well as in the colonies, requesting information respecting the treatment of spermatorrhœa. They invariably inform me, that they have previously tried the most approved remedies, and persevered in their use for a considerable time, but without obtaining more than temporary benefit. It would be well, therefore, for patients to reflect, before they pay *in advance* large sums of money to *advertising persons* for medicines, of the virtues of which they know nothing, and which, to say the least of them, are *very doubtful*, and according to my experience always attended with *disappointment*.

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